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| Fill in this information to identify your case:   |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:           |                               |                                 |
| EASTERN DISTRICT OF VIRGINIA, ALEXANDRIA DIVISION |                               |                                 |
| Case number (if known)                            | Chapter you are filing under: |                                 |
|   | Chapter 7                     |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself  |  |   |   |
|-----|---|--|---|---|
|     |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |   |
| 1.  | Your full name  |  |   |   |
|     | Write the name that is on   | Thomas                                   |   |   |
|     | your government-issued picture identification (for  | First name                               | First name                                    | _ |
|     | example, your driver's  | J.                                       |   |   |
|     | license or passport).   | Middle name                              | Middle name                                   | _ |
|     | Bring your picture  | Johnson, III                             |   |   |
|     | Bring your picture identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      | _ |
|     |   |  |   |   |
| 2.  | All other names you have used in the last 8 years   |  |   |   |
|     | Include your married or maiden names.   |  |   |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-8957                              |   |   |

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Case number (if known)

Debtor 1 **Johnson, Thomas J. III** 

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |  |
|----|--|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |  |  |
| 5. | Where you live   | 5900 Richmond Hwy   | If Debtor 2 lives at a different address:   |  |  |  |  |
|    |  | Apt 205 Alexandria, VA 22303-1805 Number, Street, City, State & ZIP Code  Fairfax County  | Number, Street, City, State & ZIP Code  County  |  |  |  |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |  |  |  |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |  |
| 6. | Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |  |  |  |  |
|    |  |   |   |  |  |  |  |

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| 7.         | The chapter of the Bankruptcy Code you are  |   |                                     |  |                            |   | 342(b) for Individuals Filing   | for Bankruptcy (Form      |  |  |
|------------|---|---|-------------------------------------|--|----------------------------|---|---|---------------------------|--|--|
|            | choosing to file under  | 2010)). Also, go to the top of page 1 and check the appropriate box.  ■ Chapter 7  □ Chapter 11 |                                     |  |                            |   |   |                           |  |  |
|            |   |   |                                     |  |                            |   |   |                           |  |  |
|            |   |   | Chapter 12                          |  |                            |   |   |                           |  |  |
|            |   |   | Chapter 13                          |  |                            |   |   |                           |  |  |
|            |   |   | эпартег 13                          |  |                            |   |   |                           |  |  |
| 3.         | How you will pay the fee  |   | about how you                       | u may pay. Typic<br>y is submitting y      | ally, if you are paying th | e fee yourself, you ma                              | erk's office in your local cou<br>ay pay with cash, cashier's o<br>y pay with a credit card or c                      | check, or money order.    |  |  |
|            |   |   | I need to pay<br>Filing Fee in I    | attach the Application for In              | dividuals to Pay The       |   |   |                           |  |  |
|            |   |   | not required to<br>your family size | o, waive your fee,<br>ze and you are ur    | , and may do so only if y  | your income is less that<br>estallments). If you ch | are filing for Chapter 7. By la<br>an 150% of the official pove<br>cose this option, you must f<br>ith your petition. | erty line that applies to |  |  |
| <b>)</b> . | Have you filed for bankruptcy within the last 8 years?  | ■ N   |                                     |  |                            |   |   |                           |  |  |
|            | o years:  | <b>Ц</b> 1  | es.<br>District                     |  | When                       |   | Case number   |                           |  |  |
|            |   |   | District                            |  | When                       |   | Case number   |                           |  |  |
|            |   |   | District                            |  | When                       |   | Case number   |                           |  |  |
|            |   |   |                                     |  |                            |   |   |                           |  |  |
| 10.        | Are any bankruptcy cases<br>pending or being filed by<br>a spouse who is not filing<br>this case with you, or by<br>a business partner, or by | <b>—</b> ''   |                                     |  |                            |   |   |                           |  |  |
|            | an affiliate?   |   | Dalitan                             |  |                            |   | Deletie selie te com  |                           |  |  |
|            |   |   | Debtor<br>District                  |  | When                       |   | Relationship to you  Case number, if known  |                           |  |  |
|            |   |   | Debtor                              |  | WIIGH                      |   | Relationship to you   |                           |  |  |
|            |   |   | District                            |  | When                       |   | Case number, if known   |                           |  |  |
|            |   |   |                                     |  |                            |   |   |                           |  |  |
| 11.        | Do you rent your residence?   | □N  | lo. Go to I                         | ine 12.                                    |                            |   |   |                           |  |  |
|            | residence:  | ■ Y   | es. Has yo                          | ur landlord obtai                          | ined an eviction judgme    | ent against you?                                    |   |                           |  |  |
|            |   |   |                                     | No. Go to line 1                           | 12.                        |   |   |                           |  |  |
|            |   |   |                                     | Yes. Fill out <i>Init</i> bankruptcy petit |                            | Eviction Judgment Ag                                | gainst You (Form 101A) and  | d file it with this       |  |  |

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| ar  | Report About Any Bus  | sinesses \  | ou Own  | as a Sole Proprieto   | or  |  |  |  |  |  |
|-----|---|---|---|---|---|--|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.   | Go to   | Part 4.   |   |  |  |  |  |  |
|     |   | ☐ Yes.  | Name  | and location of bus   | iness                                       |  |  |  |  |  |
|     | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership,<br>or LLC. |   |   | e of business, if any   |   |  |  |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach it   |   | Numb  | per, Street, City, Stat   | te & ZIP Code                               |  |  |  |  |  |
|     | to this petition.   |   | Chec  | k the appropriate bo  | x to describe your business:                |  |  |  |  |  |
|     |   |   |   | Health Care Busin   | ess (as defined in 11 U.S.C. § 101(27A))    |  |  |  |  |  |
|     |   |   |   | Single Asset Real   | Estate (as defined in 11 U.S.C. § 101(51B)) |  |  |  |  |  |
|     |   |   |   | Stockbroker (as de  | efined in 11 U.S.C. § 101(53A))             |  |  |  |  |  |
|     |   |   |   | Commodity Broker  | r (as defined in 11 U.S.C. § 101(6))        |  |  |  |  |  |
|     |   |   |   | None of the above   |   |  |  |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines   | . If you in   | filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of , cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 16(1)(B). |   |  |  |  |  |  |
|     |   | ■ No.   | I am r  | not filing under Chap   | oter 11.                                    |  |  |  |  |  |
|     | For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | □ No.   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the E Code.   |   |   |  |  |  |  |  |
|     |   | ☐ Yes.  | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Cod |   |   |  |  |  |  |  |
| ar  | t 4: Report if You Own or   | Have Any  | Hazardo   | us Property or Any  | Property That Needs Immediate Attention     |  |  |  |  |  |
| 14. | Do you own or have any  | ■ No.   |   |   |   |  |  |  |  |  |
|     | property that poses or is alleged to pose a threat of imminent and identifiable   | erty that poses or is ed to pose a threat of Yes. |   | the hazard?   |   |  |  |  |  |  |
|     | hazard to public health or<br>safety? Or do you own<br>any property that needs<br>immediate attention?  |   |   | liate attention is why is it needed?  |   |  |  |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |   | Where is  | s the property?   | Number Chart City State 9 7in Code          |  |  |  |  |  |
|     |   |   |   |   | Number, Street, City, State & Zip Code      |  |  |  |  |  |

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Debtor 1 Johnson, Thomas J. III

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 19-10986-KHK Doc 1 Filed 03/28/19 Entered 03/28/19 12:12:49 Desc Main Document Page 6 of 63 Case number (if known) Debtor 1 Johnson, Thomas J. III Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ■ No. Go to line 16b. ■ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under □ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that after I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are Yes. any exempt property is paid that funds will be available to distribute to unsecured creditors? excluded and administrative expenses ■ No are paid that funds will be available for distribution ☐ Yes to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **□** \$100.001 - \$500.000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities to □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million Sign Below

#### Part 7:

#### For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Thomas J. Johnson, III Signature of Debtor 2 Thomas J. Johnson, III Signature of Debtor 1 Executed on Executed on March 28, 2019 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Johnson, Thomas J. III

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Christopher Gardner                  | Date          | March 28, 2019    |
|--|---------------|-------------------|
| Signature of Attorney for Debtor         | <u> </u>      | MM / DD / YYYY    |
| Christopher Gardner Printed name         |               |                   |
| Sandground, West, Silek & Raminpour, PLC |               |                   |
| Firm name                                |               |                   |
| 8500 Leesburg Pike Ste 400               |               |                   |
| Vienna, VA 22182-2409                    |               |                   |
| Number, Street, City, State & ZIP Code   |               |                   |
| Contact phone (703) 942-6464             | Email address | chris@swsrlaw.com |
| 89191                                    |               |                   |
| Bar number & State                       |               |                   |

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| Fill in this information to identify your case:   | Check the appropriate box as directed in lines 40 or 42:               |
|---|--|
| Debtor 1 Thomas J. Johnson, III   | IIIIes 40 01 42.   |
| Debtor 2  | According to the calculations required by this                         |
| (Spouse, if filing)   | Statement:   |
| United States Bankruptcy Court for the:  Eastern District of Virginia, Alexandria <u>Division</u>   | ■ 1. There is no presumption of abuse.                                 |
| Case number   | 2. There is a presumption of abuse.                                    |
| (if known)  |  |
| O((; ;   E  | ☐ Check if this is an amended filing                                   |
| Official Form 122A - 2  |  |
| Chapter 7 Means Test Calculation  | 04/1   |
| To fill out this form, you will need your completed copy of Chapter 7 Statemen  | nt of Your Current Monthly Income (Official Form 122A-1).              |
|   |  |
| Be as complete and accurate as possible. If two married people are filing toget is needed, attach a separate sheet to this form, Include the line number to white write your name and case number (if known). |  |
| Part 1: Determine Your Adjusted Income  |  |
| Copy your total current monthly incomeCopy line 11 fr   | rom Official Form 122A-1 here=> \$ 5,057.68                            |
| 2. Did you fill out Column B in Part 1 of Form 122A-1?  |  |
| ■ No. Fill in \$0 for the total on line 3.  |  |
| ☐ Yes. Is your spouse Filing with you?  |  |
| ☐ No. Go to line 3.   |  |
| ☐ Yes. Fill in \$0 the total on line 3.   |  |
| Adjust your current monthly income by subtracting any part of your spo household expenses of you or your dependents. Follow these steps:  | use's income not used to pay for the                                   |
| On line 11, Column B of Form 122A-1, was any amount of the income you repo<br>you or your dependents?   | orted for your spouse NOT regularly used for the household expenses of |
| ■ No. Fill in 0 for the total on line 3.  |  |
| ☐ Yes. Fill in the information below:   |  |
|   |  |
| State each purpose for which the income was used  | Fill in the amount you are subtracting from                            |
| For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.  | your spouse's income   |
|   | \$   |
|   | \$   |
|   | • ———  |
|   | \$   |
| Total.  | \$ 0.00  |
|   | Copy total here=> © 0.00   |

Official Form 122A-2

5,057.68

Adjust your current monthly income. Subtract line 3 from line 1.

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Debtor 1 Johnson, Thomas J. III Case number (if known)

#### Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

647.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 52
- 7b. Number of people who are under 65 X
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 52.00 Copy here=> \$ 52.00

#### People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X **0**
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 0.00 Copy here=> +\$ 0.00

| Debt | or 1   |              | 9-10986-KHK<br>n, Thomas J. III  | Doc 1            | Filed 03<br>Documer |              | Entere<br>ge 10 of |                | /19 12:12:4     | 49 C           | esc Ma                          | in      |
|------|--|--------------|--|------------------|---------------------|--------------|--------------------|----------------|-----------------|----------------|---------------------------------|---------|
| L    | .ocal  | Standards    | You must use the I   | RS Local Sta     | indards to ansi     | wer the que  | stions in line     | s 8-15.        |                 |                |                                 |         |
|      | Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:   |              |  |                  |                     |              |                    |                |                 |                |                                 |         |
| ı    | <ul> <li>Housing and utilities - Insurance and operating expenses</li> <li>Housing and utilities - Mortgage or rent expenses</li> <li>To answer the questions in lines 8-9, use the U.S. Trustee Program chart.</li> </ul> |              |  |                  |                     |              |                    |                |                 |                |                                 |         |
| Т    | o find   | d the chart, | uestions in lines 8-9,<br>go online using the lin<br>so be available at the ba | k specified in   | the separate        |              | for this form      |                |                 |                |                                 |         |
| 8    |  |              | d utilities - Insurance<br>ount listed for your cou                            |                  |                     |              |                    |                |                 | fill in<br>\$_ |                                 | 477.00  |
| ę    | ). <b>F</b>  | lousing and  | d utilities - Mortgage   | or rent expe     | enses:              |              |                    |                |                 |                |                                 |         |
|      | 9  |              | he number of people y<br>or your county for morto                              |                  |                     |              |                    |                | \$1,8           | 94.00          |                                 |         |
|      | 9  | b. Total av  | erage monthly paymer   | nt for all mortg | gages and othe      | r debts secu | red by your l      | home.          |                 |                |                                 |         |
|      |  | contrac      | ulate the total average<br>tually due to each secu<br>otcy. Then divide by 60  | red creditor i   |                     |              |                    |                |                 |                |                                 |         |
|      |  | Name o       | of the creditor  |                  |                     | Average m    | onthly             |                |                 |                |                                 |         |
|      |  | -NONE        | Ξ-   |                  |                     | \$           |                    |                |                 |                |                                 |         |
|      |  |              | Total av   | verage monthl    | y payment           | \$           | 0.00               | Copy<br>here=> | -\$             | 0.00           | Repeat this amount on line 33a. |         |
|      | 9  | c. Net mo    | rtgage or rent expense.  |                  |                     |              |                    | _<br>          |                 | ٦              |                                 |         |
|      |  |              | ct line 9b ( <i>total average</i><br>pe <i>nse</i> ). If this amount           |                  |                     |              |                    | \$             | 1,894.00        | Copy<br>here=> | \$1                             | ,894.00 |
| 1    | 0. <b>I</b> 1  | vou claim    | that the U.S. Trustee  | Program's        | division of the     | e IRS Local  | Standard fo        | or housing     | is incorrect an | d              |                                 |         |

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

■ 1. Go to line 12.

☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

221.00

| Debtor 1 |                      | son, Thoma                         |               | DOCI          | Documer                               |                   | age 11 of      | 63           |        | <b>19 1∠.1</b><br>f known) |          | ia nesc  | iviaiii |
|----------|----------------------|------------------------------------|---------------|---------------|---------------------------------------|-------------------|----------------|--------------|--------|----------------------------|----------|--|---------|
|          | Vehicle              | ownership or<br>claim the exper    | lease exp     |               |                                       |                   |                | et own       | ership | or lease ex                |          | se for each vehic                              |         |
| Ve       | hicle 1              | Describe Ve                        | hicle 1:      | , 2011 Lex    | us CT 200H                            |                   |                |              |        |                            | _        |  |         |
| 13a.     | Ownersh              | nip or leasing c                   | osts using    | IRS Local S   | tandard                               |                   |                | 9            | S      | 497.00                     | <u>)</u> |  |         |
| 13b.     | ·                    | monthly payme                      |               |               | by Vehicle 1.                         |                   |                |              |        |                            |          |  |         |
|          | contractu            |                                    |               |               | ere and on line 1<br>e 60 months afte |                   |                |              |        |                            |          |  |         |
|          | Nar                  | me of each cre                     | editor for    | Vehicle 1     |                                       | Average<br>paymen | e monthly<br>t |              |        |                            |          |  |         |
|          | Bri                  | idgecrest                          |               |               |                                       | \$                | 225.15         |              |        |                            |          |  |         |
|          |                      |                                    | Total A       | verage Mont   | hly Payment                           | \$                | 225.15         | Cop          | •      | \$ <b>2</b>                | 25.1     | Repeat this amount on line 33b.                |         |
| 13c.     |                      | cle 1 ownership<br>line 13b from l |               |               | is less than \$0,                     | enter \$0         |                | :            | \$     | 271.85                     |          | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 271.85  |
| Ve       | hicle 2              | Describe Ve                        | hicle 2:      |               |                                       |                   |                |              |        |                            |          |  |         |
| 13d.     | Ownersh              | nip or leasing c                   | osts using    | ı IRS Local S | tandard                               |                   |                | 9            | S      | 0.00                       | <u> </u> |  |         |
| 13e.     | Average<br>leased ve |                                    | ent for all c | lebts secured | by Vehicle 2. D                       | o not includ      | de costs for   |              |        |                            |          |  |         |
|          | Nar                  | me of each cre                     | editor for    | Vehicle 2     |                                       | Average<br>paymen | e monthly<br>t |              |        |                            |          |  |         |
|          |                      |                                    |               |               |                                       | \$                |                |              |        |                            |          |  |         |
|          |                      |                                    | Total A       | verage Mont   | hly Payment                           | \$                |                | Copy<br>here |        | (                          | 0.00     | Repeat this amount on line 33c.                |         |
| 13f.     |                      | cle 2 ownership<br>line 13e from l |               | •             | is less than \$0,                     | enter \$0.        |                | :            | \$     | 0.00                       |          | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00    |

- 14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in th*Public Transportation* expense allowance regardless of whether you use public transportation.
- 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

0.00

0.00

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| Oth | er Necessary Expenses                                      | In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.  |     |          |
|-----|--|--|-----|----------|
| 16. | self-employment taxes, Soc<br>your pay for these taxes. Ho | mount that you will actually owe for federal, state and local taxes, such as income taxes, ial Security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 and the total monthly amount that is withheld to pay for taxes. |     |          |
|     | Do not include real estate, s                              | ales, or use taxes.  | \$  | 1,249.24 |
| 17. | Involuntary deductions: Tunion dues, and uniform co        | The total monthly payroll deductions that your job requires, such as retirement contributions, sts.  |     |          |
|     | Do not include amounts that                                | t are not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$  | 36.06    |
| 18. | together, include payments                                 | nonthly premiums that you pay for your own term life insurance. If two married people are filing that you make for your spouse's term life insurance. Do not include premiums for life insurance on-filing spouse's life insurance, or for any form of life insurance other than term.   | \$  | 0.00     |
| 19. | Court-ordered payments: agency, such as spousal or         | The total monthly amount that you pay as required by the order of a court or administrative child support payments.  |     |          |
|     | Do not include payments o                                  | n past due obligations for spousal or child support. You will list these obligations in line 35.   | \$  | 0.00     |
| 20. | Education: The total month  as a condition for your jo     | nly amount that you pay for education that is either required: b, or   |     |          |
|     | for your physically or me                                  | ntally challenged dependent child if no public education is available for similar services.  | \$  | 150.00   |
| 21. | Childcare: The total month                                 | ly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.  |     |          |
|     | Do not include payments for                                | r any elementary or secondary school education.  | \$  | 0.00     |
| 22. | required for the health and                                | penses, excluding insurance costs: The monthly amount that you pay for health care that is welfare of you or your dependents and that is not reimbursed by insurance or paid by a health only the amount that is more than the total entered in line 7.  |     |          |
|     | Payments for health insurar                                | nce or health savings accounts should be listed only in line 25.   | \$  | 0.00     |
| 23. | you and your dependents, s                                 | <b>elephone services:</b> The total monthly amount that you pay for telecommunication services for uch as pagers, call waiting, caller identification, special long distance, or business cell phone sary for your health and welfare or that of your dependents or for the production of income, if it imployer.                            |     |          |
|     |  | or basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.  | +\$ | 0.00     |
| 24. | Add all of the expenses a Add lines 6 through 23.          | llowed under the IRS expense allowances.   | \$  | 4,998.15 |

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| Add | itional Expense Deductions These are additional dedu   | uctions             | allowed by the I                    | Means Test.                                  |     |        |  |  |
|-----|--|---------------------|-------------------------------------|--|-----|--------|--|--|
|     | Note: Do not include any   | expens              | e allowances lis                    | sted in lines 6-24.                          |     |        |  |  |
| 25. | 5. <b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. |                     |                                     |  |     |        |  |  |
|     | Health insurance   | \$                  | 214.14                              |  |     |        |  |  |
|     | Disability insurance   | \$                  | 0.00                                |  |     |        |  |  |
|     | Health savings account +   | \$                  | 0.00                                |  |     |        |  |  |
|     |  |                     |                                     |  |     |        |  |  |
|     | Total  | \$                  | 214.14                              | Copy total here=>                            | \$  | 214.14 |  |  |
|     | Do you actually spend this total amount?   |                     |                                     |  |     |        |  |  |
|     | ☐ No. How much do you actually spend?  |                     |                                     |  |     |        |  |  |
|     | Yes  | \$                  |                                     |  |     |        |  |  |
| 26. | Continued contributions to the care of household or facontinue to pay for the reasonable and necessary care and household or member of your immediate family who is unab contributions to an account of a qualified ABLE program. 26                             | support<br>le to pa | of an elderly, c<br>y for such expe | hronically ill, or disabled member of your   | \$  | 0.00   |  |  |
| 27. | <b>Protection against family violence.</b> The reasonably nece you and your family under the Family Violence Prevention at   |                     |                                     |  |     |        |  |  |
|     | By law, the court must keep the nature of these expenses of  | onfident            | tial.                               |  | \$  | 0.00   |  |  |
| 28. | Additional home energy costs. Your home energy costs   | are inclu           | uded in your ins                    | surance and operating expenses on line 8.    |     |        |  |  |
|     | If you believe that you have home energy costs that are morthen fill in the excess amount of home energy costs.  | e than t            | he home energ                       | y costs included in expenses on line 8,      |     |        |  |  |
|     | You must give your case trustee documentation of your actuclaimed is reasonable and necessary.   | ıal expe            | nses, and you r                     | must show that the additional amount         | \$  | 0.00   |  |  |
| 29. | Education expenses for dependent children who are ye \$160.42* per child) that you pay for your dependent children elementary or secondary school.   |                     |                                     |  |     |        |  |  |
|     | You must give your case trustee documentation of your actureasonable and necessary and not already accounted for in  |                     |                                     | must explain why the amount claimed is       |     |        |  |  |
|     | $^{\star}$ Subject to adjustment on 4/01/19, and every 3 years after   | that for            | cases begun o                       | n or after the date of adjustment.           | \$  | 0.00   |  |  |
| 30. | Additional food and clothing expense. The monthly amorthan the combined food and clothing allowances in the IRS the food and clothing allowances in the IRS National Standard Research   | S Natio             |                                     |  |     |        |  |  |
|     | To find a chart showing the maximum additional allowance, this form. This chart may also be available at the bankruptcy  |                     |                                     | s specified in the separate instructions for |     |        |  |  |
|     | You must show that the additional amount claimed is reason   | nable ar            | nd necessary.                       |  | \$  | 0.00   |  |  |
| 31. | <b>Continuing charitable contributions.</b> The amount that you instruments to a religious or charitable organization. 26 U.S.   |                     |                                     |  | +\$ | 0.00   |  |  |
| 32. | Add all of the additional expense deductions.  |                     |                                     |  | \$  | 214.14 |  |  |
|     | Add lines 25 through 31.   |                     |                                     |  |     |        |  |  |

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| Dedu     | ctions for Debt Payment   |   |         |                                       |                         |                          |
|----------|---|---|---------|---------------------------------------|-------------------------|--------------------------|
|          | or debts that are secured by an interest ind other secured debt, fill in lines 33a thi        | n property that you own, including home ough 33e.   | mortgag | es, vehicle loar                      | ıs,                     |                          |
| To<br>th | o calculate the total average monthly paymer<br>e 60 months after you file for bankruptcy. Th | at, add all amounts that are contractually due to<br>en divide by 60.                                   | each se | ecured creditor in                    |                         |                          |
|          | Mortgages on your home:   |   |         |                                       |                         | verage monthly<br>syment |
| 33a.     | Copy line 9b here   |   |         |                                       | => \$                   | 0.00                     |
|          | Loans on your first two vehicles:   |   |         |                                       |                         |                          |
| 33b.     | Copy line 13b here  |   |         |                                       | => \$                   | 225.15                   |
| 33c.     | Copy line 13e here  |   |         |                                       | => \$                   | 0.00                     |
| 33d.     | List other secured debts:   |   |         |                                       |                         |                          |
| Name     | of each creditor for other secured debt   | Identify property that secures the debt   |         | Does payment include taxes insurance? |                         |                          |
|          |   |   |         | □ No                                  |                         |                          |
|          | -NONE-  |   |         | ☐ Yes                                 | \$                      |                          |
| =        | _   |   |         |                                       | * .                     |                          |
|          |   |   |         | □ No                                  |                         |                          |
| -        |   |   |         | ☐ Yes                                 | \$                      |                          |
|          |   |   |         | □ No                                  |                         |                          |
|          |   |   |         | ☐ Yes                                 | +\$                     |                          |
| -        |   | -   |         |                                       | ٦ .                     |                          |
|          |   |   |         |                                       | Copy                    |                          |
| 33e.     | Total average monthly payment. Add lines  | 33a through 33d   | \$      | 225.15                                | here=>                  | \$ 225.15                |
|          | re any debts that you listed in line 33 sec<br>her property necessary for your suppor         | cured by your primary residence, a vehicle to the support of your dependents?                           | e, or   |                                       | J                       |                          |
|          | No. Go to line 35.  |   |         |                                       |                         |                          |
|          |   | ay to a creditor, in addition to the payments liproperty (called the <i>cure amount</i> ). Next, divide |         |                                       |                         |                          |
| Name     | e of the creditor   | dentify property that secures the debt  |         | Total cure amount                     |                         | Monthly cure amount      |
| Bric     | lgecrest 2  | 2011 Lexus CT 200H  | \$      | 1,266.60                              | ÷ 60 = \$               | 21.11                    |
|          |   |   | \$      |                                       | ÷ 60 = \$               |                          |
|          |   |   | \$      |                                       | ÷ 60 = +\$              | -                        |
|          |   |   |         |                                       |                         |                          |
|          |   | Tota  | ı s     | 21.11                                 | Copy<br>total<br>here=> | \$                       |
|          | o you owe any priority claims such as a<br>e past due as of the filing date of your b         | priority tax, child support, or alimony - tha<br>ankruptcy case? 11 U.S.C. § 507.                       | nt      |                                       | _                       |                          |
|          | No. Go to line 36.  | · · · · · · · · · · · · · · · · · · ·   |         |                                       |                         |                          |
|          |   | se priority claims. Do not include current or o isted in line 19.                                       | ngoing  |                                       |                         |                          |
|          | Total amount of all past-due prior  |   | \$      | 0.00                                  | ÷ 60 =                  | \$                       |

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| Debtor 1     | <u>Johr</u> | nson, Thomas J. III   |             | Case no             | umber ( <i>if known</i> | )              |               |                 |
|--------------|-------------|---|-------------|---------------------|-------------------------|----------------|---------------|-----------------|
| F            | or more     | eligible to file a case under Chapter 13? 11 U.S.C. § 10 information, go online using the link fo <i>Bankruptcy Basics</i> ns for this form. <i>Bankruptcy Basics</i> may also be available a               | specifie    |                     | ce.                     |                |               |                 |
|              | No.         | Go to line 37.  |             |                     |                         |                |               |                 |
|              | ☐ Yes.      | Fill in the following information.  |             |                     |                         |                |               |                 |
|              |             | Projected monthly plan payment if you were filing under C   | hapter 13   | 3 \$                |                         |                |               |                 |
|              |             | Current multiplier for your district as stated on the list issue Administrative Office of the United States Courts (for distand North Carolina) or by the Executive Office for United all other districts). | tricts in / | Alabama             |                         |                |               |                 |
|              |             | To find a list of district multipliers that includes your distr<br>link specified in the separate instructions for this form. To<br>available at the bankruptcy clerk's office.                             |             |                     |                         | Cop            | by total      |                 |
|              |             | Average monthly administrative expense if you were filing   | under Cl    | hapter 13           | \$                      |                | => \$         | _               |
|              |             | of the deductions for debt payment. s 33e through 36.   |             |                     |                         |                | \$            | 246.26          |
| Tota         | l Deduct    | tions from Income   |             |                     |                         |                |               |                 |
| 38. <b>A</b> | Add all o   | f the allowed deductions.   |             |                     |                         |                |               |                 |
|              |             | ne 24,All of the expenses allowed under IRS<br>e allowances   | \$          | 4,998.15            |                         |                |               |                 |
|              | Copy lin    | ne 32, All of the additional expense deductions   | \$          | 214.14              |                         |                |               |                 |
|              |             | ne 37, All of the deductions for debt payment   | +\$         | 246.26              |                         |                |               |                 |
|              |             | Total deductions  | \$          | 5,458.55            | Copy total              | here=          | ÷ \$          | 5,458.55        |
| Part 3:      | Det         | ermine Whether There is a Presumption of Abuse  |             |                     |                         |                |               |                 |
| 39. <b>C</b> | Calculate   | e monthly disposable income for 60 months   |             |                     |                         |                |               |                 |
|              | 39a. Co     | py line 4, adjusted current monthly income  | \$          | 5,057.68            |                         |                |               |                 |
|              | 39b. Co     | py line 38,Total deductions   | - \$        | 5,458.55            |                         |                |               |                 |
|              |             | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a  | \$          | 0.00                | Copy<br>here=>\$        |                | 0.00          |                 |
|              | For the r   | next 60 months (5 years)  |             |                     |                         | x 60           |               |                 |
|              |             | tal. Multiply line 39c by 60  |             |                     | 0.00                    | Copy<br>here=> | \$            | 0.00            |
| 40. <b>F</b> | ind out     | whether there is a presumption of abuse. Check the bo   | ox that a   | pplies:             |                         | J              |               |                 |
|              | ■ The I     | ine 39d is less than \$7,700*. On the top of page 1 of this   | form, ch    | eck box 1, There is | no presump              | tion of abus   | e. Go to Part | 5.              |
|              |             | ine 39d is more than \$12,850*. On the top of page 1 of the claim special circumstances. Go to Part 5.  | is form,    | check box 2, There  | is a presum             | ption of abu   | se. You may   | fill out Part 4 |
| г            | _           | ine 39d is at least \$7,700*, but not more than \$12,850*.  | Go to lie   | ne 41               |                         |                |               |                 |
|              |             | to adjustment on 4/01/19, and every 3 years after that for ca   |             |                     | e of adjustme           | ent.           |               |                 |

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| ebtor 1 | Johr                       | nson, Thomas J. III  | Case number (if known)                               |
|---------|----------------------------|--|--|
| 41.     | 41a.                       | Fill in the amount of your total nonpriority unsecured debt. If you fill Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form  | on   |
|         | 41b.                       | 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)  |  |
|         |                            | Multiply line 41a by 0.25  |  |
| of y    | your u                     | ne whether the income you have left over after subtracting all allowe insecured, nonpriority debt. e box that applies:   | ed deductions is enough to pay 25%                   |
|         |                            | <b>39d is less than line 41b.</b> On the top of page 1 of this form, check box 1, Part 5.  | , There is no presumption of abuse.                  |
|         |                            | <b>39d is equal to or more than line 41b.</b> On the top of page 1 of this form e. You may fill out Part 4 if you claim special circumstances. Then go to  |  |
| art 4:  | Giv                        | re Details About Special Circumstances   |  |
| _       | es. Fill<br>Yo<br>Yo<br>Yo | to Part 5.  I in the following information. All figures should reflect your average monthl u may include expenses you listed in line 25.  u must give a detailed explanation of the special circumstances that make cessary and reasonable. You must also give your case trustee documental justments. | the expenses or income adjustments                   |
|         | G                          | ive a detailed explanation of the special circumstances  | Average monthly expense or income adjustment         |
|         | _                          |  | \$   |
|         |                            |  | \$   |
|         | _                          |  |  |
|         |                            |  | \$   |
| art 5:  | Sia                        | n Below  |  |
|         |                            | oning here, I declare under penalty of perjury that the information on this st   | tatement and in any attachments is true and correct. |
| ,       | X Isl                      | Thomas J. Johnson, III   |  |
| 4       | Th                         | nomas J. Johnson, III gnature of Debtor 1  |  |
| Dat     | _                          | gnature of Debtor 1  |  |
|         |                            | M/DD/YYYY  |  |

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| Fill in this infor                                       | mation to identify your case:   |   | Ch                                   | eck one box                     | only as d                | irected in this form and   | in Form                         |
|--|---|---|--------------------------------------|---------------------------------|--------------------------|--|---------------------------------|
| Debtor 1   | Thomas J. Johnson, III  |   | 12                                   | 2A-1Supp:                       |                          |  |                                 |
| Debtor 2   |   |   |                                      | □ 1 There is                    | no pres                  | umption of abuse   |                                 |
| (Spouse, if filing)                                      |   |   |                                      | _                               |                          |  |                                 |
| United States  | Eastern D  Bankruptcy Court for the: Division   | vistrict of Virginia, Alexar  | ndria                                | applies                         | will be m                | o determine if a presur<br>nade under <i>Chapter 7 N</i><br>cial Form 122A-2). | •                               |
| Case number (if known)                                   |   |   |                                      |                                 |                          | does not apply now bed<br>out it could apply later.                            | ause of qualified               |
|  |   |   |                                      | ☐ Check if                      | this is a                | in amended filing  |                                 |
| Official F   | orm 122A - 1  |   |                                      |                                 |                          |  |                                 |
|  | 7 Statement of Your   | Current Mor   | nthly Inc                            | ome                             |                          |  | 12/15                           |
| a separate sheet<br>number (if know<br>military service, | and accurate as possible. If two married to this form. Include the line number to n). If you believe that you are exempted complete and file Statement of Exemptial culate Your Current Monthly Incor | which the additional info<br>from a presumption of ab<br>on from Presumption of A | rmation applies.<br>Juse because you | On the top of<br>u do not have  | any addit<br>primarily   | ional pages, write your r<br>consumer debts or beca                            | name and case use of qualifying |
| 1. What is y   | our marital and filing status? Check  | one only.   |                                      |                                 |                          |  |                                 |
| -  | arried. Fill out Column A, lines 2-11.  | •   |                                      |                                 |                          |  |                                 |
| ☐ Marrie   | ed and your spouse is filing with yo  | u. Fill out both Columns  | A and B, lines 2                     | 2-11.                           |                          |  |                                 |
| ■ Marrie   | ed and your spouse is NOT filing wit  | th you. You and your s  | pouse are:                           |                                 |                          |  |                                 |
| □Liv   | ing in the same household and are r   | not legally separated. F  | ill out both Colu                    | umns A and E                    | , lines 2-               | 11.  |                                 |
| pei  | ing separately or are legally separate halty of perjury that you and your spous art for reasons that do not include evadi   | e are legally separated u   | nder nonbankru                       | ptcy law that a                 | applies or               | •  |                                 |
| 101(10A). Fo<br>6 months, add                            | erage monthly income that you received<br>r example, if you are filing on September 15<br>d the income for all 6 months and divide the<br>e rental property, put the income from that p               | 5, the 6-month period would<br>e total by 6. Fill in the result                   | be March 1 throu<br>Do not include a | ugh August 31.<br>ny income amo | If the amo<br>unt more t | unt of your monthly incom<br>han once. For example, if                         | e varied during the             |
|  |   |   | ,                                    | Column A Debtor 1               | , ,                      | Column B Debtor 2 or non-filing spouse   |                                 |
|  | ss wages, salary, tips, bonuses, oved   | ertime, and commissio   | ns (before all                       | \$ 5,0                          | 57.68                    | \$   |                                 |
| 3. Alimony   | and maintenance payments. Do not is filled in.  | include payments from   | a spouse if                          | \$                              | 0.00                     | \$   |                                 |
| 4. All amou of you or from an u                          | nts from any source which are regular your dependents, including child sometime of your houses. Include regular contributions from a clude payments you listed on line 3                              | upport. Include regular   | contributions                        | n.<br>\$                        | 0.00                     | \$   |                                 |
| <ol><li>Net inco</li></ol>                               | ne from operating a business, profe   |   |                                      |                                 |                          |  |                                 |
| _  |   |   | btor 1                               |                                 |                          |  |                                 |
|  | ceipts (before all deductions)  | \$ <u>0.00</u><br>-\$ 0.00  |                                      |                                 |                          |  |                                 |
| •  | and necessary operating expenses<br>hly income from a business, professio   |   | Copy here ->                         | . \$                            | 0.00                     | \$   |                                 |
|  | me from rental and other real proper  |   |                                      | <u> </u>                        |                          | <u> </u>   |                                 |
| J. NEL IIICUI  | no nom remarana omer rear proper  | •   | btor 1                               |                                 |                          |  |                                 |
| Gross red  | ceipts (before all deductions)  | \$ 0.00   |                                      |                                 |                          |  |                                 |
|  | and necessary operating expenses  | -\$ 0.00  | -                                    |                                 |                          |  |                                 |
| Net mont   | hly income from rental or other real pr   | operty \$ <b>0.00</b>   | Copy here ->                         | •\$                             | 0.00                     | \$   |                                 |
| 7. Interest,   | dividends, and royalties  |   |                                      | \$                              | 0.00                     | \$   |                                 |

Official Form 122A-1

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|      |   |   |               | Column A Debtor 1 |             | Column B Debtor 2 or       | 1        |
|------|---|---|---------------|-------------------|-------------|----------------------------|----------|
|      |   |   |               |                   |             | non-filing spouse          |          |
| 8.   | Unemployment compensation   |   |               | \$                | 0.00        | \$                         | ı        |
|      | Do not enter the amount if you contend that the amount re<br>Social Security Act. Instead, list it here:  | eceived was a bene  | fit under the |                   |             |                            |          |
|      | For you \$ For your spouse \$   |   | 0.00          |                   |             |                            |          |
| 0    | · · · / · · · · · · · · · · · · · · · ·   |   |               |                   |             |                            |          |
| 9.   | <b>Pension or retirement income.</b> Do not include any amounder the Social Security Act.   | ount received that w  | as a benefit  | \$                | 0.00        | \$                         |          |
| 10.  | Income from all other sources not listed above. Specinot include any benefits received under the Social Securia victim of a war crime, a crime against humanity, or inter If necessary, list other sources on a separate page and p | ty Act or payments national or domestional the total below. | received as   | \$                | 0.00        | \$                         |          |
|      | ·   |   |               | \$                | 0.00        | \$                         |          |
|      | Total amounts from separate pages, if any.  |   |               | \$                | 0.00        | \$                         |          |
|      |   | 0.11  |               |                   | 1 [         |                            |          |
| 11.  | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total   |   | \$            | 5,057.68          | + = _       | Total cu                   | 5,057.68 |
| Part | 2: Determine Whether the Means Test Applies to  | You   |               |                   |             | income                     |          |
| 12.  | Calculate your current monthly income for the year.   | Follow these steps  |               |                   |             |                            |          |
|      | 12a. Copy your total current monthly income from line 1   | 1   |               | Сору              | line 11 h   | nere=> \$                  | 5,057.68 |
|      | Multiply by 12 (the number of months in a year)   |   |               |                   |             | <b>x</b> 1                 | 2        |
|      | 12b. The result is your annual income for this part of the  | form  |               |                   |             |                            | 0,692.16 |
| 13   | Calculate the median family income that applies to y  | ou. Follow these st   | ens:          |                   |             |                            |          |
|      | Fill in the state in which you live.  | VA  |               |                   |             |                            |          |
|      | EW to the control of control to the control of  |   |               |                   |             |                            |          |
|      | Fill in the number of people in your household.   | 1   |               |                   |             |                            | 0 390 00 |
|      | Fill in the median family income for your state and size of find a list of applicable median income amounts, go form. This list may also be available at the bankruptcy of  | online using the lin  | k specified i | n the separat     | e instructi | . σ.   ψ                   | 0,389.00 |
| 14.  | How do the lines compare?   |   |               |                   |             |                            |          |
|      | 14a. Line 12b is less than or equal to line 13. Of Go to Part 3.  | n the top of page 1   | , check box   | 1T,here is no p   | presumptio  | on of abuse.               |          |
|      | 14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  | of page 1, check bo   | x 2T,he presi | umption of ab     | use is dete | ermined by Form 122A-2     | 2.       |
| Part |   |   |               |                   |             |                            |          |
|      | By signing here, I declare under penalty of perjury the   | nat the information of                                      | n this stater | ment and in ar    | ny attachm  | nents is true and correct. |          |
|      | X /s/ Thomas J. Johnson, III  |   |               |                   |             |                            |          |
|      | Thomas J. Johnson, III  |   |               |                   |             |                            |          |
|      | Signature of Debtor 1   |   |               |                   |             |                            |          |
|      | Date March 28, 2019 MM / DD / YYYY  |   |               |                   |             |                            |          |
|      | If you checked line 14a, do NOT fill out or file Form   | n 122A-2.   |               |                   |             |                            |          |
|      | If you checked line 14b, fill out Form 122A-2 and fi  | le it with this form.                                       |               |                   |             |                            |          |

Certificate Number: 15317-VAE-CC-032506648



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on March 26, 2019, at 4:36 o'clock PM PDT, Thomas J Johnson III received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Virginia, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 26, 2019

By: /s/Mariel Macrohon

Name: Mariel Macrohon

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

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|   |                               | Document   | Page 20 of 63                  |                      |  |
|---|-------------------------------|--|--------------------------------|----------------------|--|
| Fill in t                                 | this information to ident     | ify your case and this filing:   |                                |                      |  |
| Debtor 1                                  | Thomas J. John                | son III  |                                |                      |  |
|   | First Name                    | Middle Name  | Last Name                      | <del></del> }        |  |
| Debtor 2                                  |                               |  |                                |                      |  |
| (Spouse, if filing)                       | First Name                    | Middle Name  | Last Name                      |                      |  |
| United States B                           | Bankruptcy Court for the:     | EASTERN DISTRICT OF VIR  | GINIA, ALEXANDRIA DIVIS        | ION                  |  |
|   |                               |  |                                |                      |  |
| Case number                               |                               |  | <u> </u>                       |                      | ☐ Check if this is an                                |
|   |                               |  |                                |                      | amended filing                                       |
|   |                               |  |                                |                      |  |
| Official Fo                               | orm 106A/B                    |  |                                |                      |  |
|   |                               | oortv  |                                |                      |  |
|   | ile A/B: Prop                 |  |                                |                      | 12/15  |
|   |                               | e items. List an asset only once. In the decision is the second of the s |                                |                      |  |
| information. If mo                        | ore space is needed, attach   | a separate sheet to this form. On  |                                |                      |  |
| Answer every que                          | estion.                       |  |                                |                      |  |
| Part 1: Describ                           | e Each Residence, Buildin     | g, Land, or Other Real Estate You  | Own or Have an Interest In     |                      |  |
|   |                               |  |                                |                      |  |
| 1. Do you own or                          | r have any legal or equitabl  | e interest in any residence, buildir   | ng, land, or similar property? |                      |  |
| ■ No. Go to Pa                            | art 2                         |  |                                |                      |  |
| _   | e is the property?            |  |                                |                      |  |
| □ res. where                              | e is the property:            |  |                                |                      |  |
| Part 2: Describ                           | e Your Vehicles               |  |                                |                      |  |
|   |                               |  |                                |                      |  |
|   |                               | ritable interest in any vehicles,<br>, also report it on <i>Schedule G: Ex</i>   |                                |                      | hicles you own that                                  |
| someone else un                           | ives. Il you lease a verilcie | , also report it on <i>Scriedule G. El</i>   | xeculory Contracts and One     | xpireu Leases.       |  |
| 3. Cars, vans, t                          | trucks, tractors, sport ut    | ility vehicles, motorcycles  |                                |                      |  |
| п.,                                       |                               |  |                                |                      |  |
| □ No                                      |                               |  |                                |                      |  |
| Yes                                       |                               |  |                                |                      |  |
|   |                               |  |                                |                      | 5  |
| 3.1 Make:                                 | Lexus                         | Who has an interest in   | the property? Check one        |                      | claims or exemptions. Put ured claims on Schedule D: |
| Model:                                    | CT 200h                       | Debtor 1 only  |                                |                      | laims Secured by Property.                           |
| Year:                                     | 2011                          | Debtor 2 only  |                                | Current value of the | Current value of the                                 |
| Approxim                                  | ate mileage: 10               | Debtor 1 and Debtor  | 2 only                         | entire property?     | portion you own?                                     |
| Other info                                | ormation:                     | At least one of the de   | ebtors and another             |                      |  |
|   |                               |  |                                | \$9,000.00           | \$0.00   |
|   |                               | Check if this is con (see instructions)  | nmunity property               | Ψ5,000.00            | <del></del>  |
|   |                               | (coo mondono)  |                                |                      |  |
|   |                               |  |                                |                      |  |
| •   |                               | TVs and other recreational veh   | •                              |                      |  |
| Examples: Bo                              | pats, trailers, motors, perso | nal watercraft, fishing vessels, si  | nowmobiles, motorcycle acce    | essories             |  |
| ■ No                                      |                               |  |                                |                      |  |
| □ Yes                                     |                               |  |                                |                      |  |
| ⊔ Yes                                     |                               |  |                                |                      |  |
|   |                               |  |                                |                      |  |
| C A -   -   -   -   -   -   -   -   -   - |                               | for all of outside   | form Boot O including our      | tui f                |  |
|   |                               | you own for all of your entries that number here   |                                |                      | \$0.00   |
| .you nave at                              | itabilea for Fart 2. Write    |  |                                |                      |  |
| Part 3: Describ                           | e Your Personal and Hous      | ehold Items  |                                |                      |  |
|   |                               | able interest in any of the follo  | owing items?                   |                      | Current value of the                                 |
| 20,0000000000                             | ogai or oquit                 | and the roll of the roll of  |                                |                      | portion you own?                                     |
|   |                               |  |                                |                      | Do not deduct secured                                |
| 6 Household o                             | goods and furnishings         |  |                                |                      | claims or exemptions.                                |
|   |                               | linens, china, kitchenware   |                                |                      |  |
| □ No ́                                    |                               |  |                                |                      |  |

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known) Document Debtor 1 Johnson, Thomas J. III Yes. Describe..... Household Furniture (e.g. bed, couch, chairs, table, kitchenware, \$3.000.00 TV, chest of drawers, etc.) 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Men's Clothing (e.g. coat, shirts, pants, undergarments, socks, \$800.00 shoes, etc.) 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for \$3,800.00 Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No

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Case number (if known) Document Debtor 1 Johnson, Thomas J. III Cash on hand \$50.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Checking Account USAA Federal Credit Union Act #\*\*\*053-3 \$24.10 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: 401(k) or Similar Plan **Principle** \$-1,805.30 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No ☐ Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No

Official Form 106A/B Schedule A/B: Property page 3

■ No

☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

| Del | otor 1               | Johnson, Thomas   | J. III   | Page 23 of 6                  | Case number (if known)            |   |
|-----|----------------------|---|--|-------------------------------|-----------------------------------|---|
| ļ   | <i>Examp</i><br>■ No | s, franchises, and other<br>les: Building permits, exclu          | usive licenses, cooperative associati  | ion holdings, liquor licens   | es, professional licenses         |   |
|     |                      | •   |  |                               |                                   |   |
| Мо  | ney or p             | property owed to you?   |  |                               |                                   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| _   | Tax refu<br>■ No     | unds owed to you  |  |                               |                                   |   |
| [   | ☐ Yes. (             | Give specific information a                                       | bout them, including whether you al  | ready filed the returns and   | d the tax years                   |   |
| I   | Examp<br>■ No        | support<br>les: Past due or lump sun<br>Give specific information | n alimony, spousal support, child su   | upport, maintenance, div      | orce settlement, property settl   | ement   |
| 30. | Other a              | mounts someone owes   | you  |                               |                                   |   |
| ı   | Examp<br>■ No        | les: Unpaid wages, disabi<br>unpaid loans you ma                  | ity insurance payments, disability be<br>de to someone else                    | enefits, sick pay, vacation   | pay, workers' compensation,       | Social Security benefits;   |
| [   | ☐ Yes.               | Give specific information   |  |                               |                                   |   |
| _   |                      | s in insurance policies<br>les: Health, disability, or lif        | e insurance; health savings account  | t (HSA); credit, homeown      | er's, or renter's insurance       |   |
| [   | ⊒ Yes. ۱             |   | any of each policy and list its value.<br>mpany name:                          | Benefic                       | ciary:                            | Surrender or refund value:  |
| _   |                      |   | due you from someone who has<br>g trust, expect proceeds from a life           |                               | urrently entitled to receive prop | erty because someone has  |
|     |                      | Give specific information   |  |                               |                                   |   |
| ı   | <i>Examp</i><br>■ No | les: Accidents, employme  | nether or not you have filed a law<br>ant disputes, insurance claims, or right |                               | for payment                       |   |
|     |                      | Describe each claim   |  | di                            | h - dabtan and nimbta to ast a    | ff alaims   |
|     | No                   | Describe each claim   | ted claims of every nature, inclu  | aing counterclaims of the     | ne debtor and rights to set o     | or ciaims   |
|     |                      | ancial assets you did no  |  |                               |                                   |   |
| ı   | No                   | Give specific information   | •  |                               |                                   |   |
|     |                      | ·   |  |                               |                                   |   |
| 36. |                      |   | our entries from Part 4, including   |                               |                                   | \$-1,731.20   |
| Par | t 5: Des             | cribe Any Business-Relate   | d Property You Own or Have an Inter  | rest In. List any real estate | in Part 1.                        |   |
| _   | _ `                  | wn or have any legal or eq<br>to Part 6.                          | uitable interest in any business-relate  | ed property?                  |                                   |   |

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Official Form 106A/B Schedule A/B: Property page 4

☐ Yes. Go to line 38.

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Case number (if known) Document Debtor 1 Johnson, Thomas J. III Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$3,800.00 58. Part 4: Total financial assets, line 36 \$-1,731.20 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$2,068.80

Copy personal property total

\$2,068.80

\$2,068.80

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

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|                                |   |   | Document  | F                                 | Page 25 of 63   | _  |   |
|--------------------------------|---|---|---|-----------------------------------|---|--|---|
|                                | Fill in this  | information to identif  | y your case:  |                                   |   |  |   |
| De                             | btor 1  | Thomas J. Johns   | on, III   |                                   |   |  |   |
| _                              |   | First Name  | Middle Name   | L                                 | ast Name  | }  |   |
|                                | btor 2<br>ouse if, filing)  | First Name  | Middle Name   | L                                 | ast Name  | 1  |   |
| Un                             | ited States Bar   | kruptcy Court for the:  | EASTERN DISTRICT OF VI  | RGIN                              | IA, ALEXANDRIA DIVISION   |  |   |
| Ca                             | se number   |   |   |                                   |   |  |   |
| (if k                          | nown)   |   |   |                                   |   |  | Check if this is an amended filing  |
| Oi                             | fficial For   | m 106C  |   |                                   |   |  |   |
| S                              | chedule   | e C: The Pro  | pperty You Cla  | im                                | as Exempt   |  | 4/16  |
| propout kno For app fun app Pa | perty you listed of and attach to the wn).  each item of perific dollar amplicable statuted ds—may be un particular dollicable statuted. Identify | on Schedule A/B: Properis page as many copies or operty you claim as ecount as exempt. Alterrory limit. Some exemptinimited in dollar amoular amount and the valury amount. | exty (Official Form 106A/B) as you of Part 2: Additional Page as new exempt, you must specify the latively, you may claim the further such as those for healt nt. However, if you claim an every of the property is determined in as Exempt | amor<br>ll fair<br>h aid<br>exemp | r, both are equally responsible for sujurce, list the property that you claim a ary. On the top of any additional page unt of the exemption you claim. O market value of the property beirs, rights to receive certain benefit ption of 100% of fair market value of exceed that amount, your exemptions. | s exempt. If<br>s, write your<br>ne way of d<br>ng exempted<br>s, and tax-e<br>under a law | more space is needed, fill name and case number (if oing so is to state a d up to the amount of any xempt retirement of that limits the exemption |
| 1.                             | Which set of  | exemptions are you cla  | aiming? Check one only, even  | if you                            | r spouse is filing with you.  |  |   |
|                                | You are cla   | iming state and federal n   | onbankruptcy exemptions. 11 l   | J.S.C                             | s. § 522(b)(3)  |  |   |
|                                | ☐ You are cla   | iming federal exemptions  | s. 11 U.S.C. § 522(b)(2)  |                                   |   |  |   |
| 2.                             | For any prop  | erty vou list on Schedu   | ule A/B that you claim as exer  | npt. f                            | ill in the information below.   |  |   |
| ۷.                             |   | on of the property and line   | •   | •                                 | ount of the exemption you claim   | Specific la  | ws that allow exemption   |
|                                |   | hat lists this property   | portion you own   |                                   | ount of the oxemphon you out in   | 0,0000   | no maranon exemplion  |
|                                |   |   | Copy the value from<br>Schedule A/B   | Che                               | eck only one box for each exemption.  |  |   |
|                                |   | Furniture (e.g. bed,<br>irs, table, kitchenwa   |   | •                                 | \$3,000.00  | Va. Cod  | e Ann. § 34-26(4a)  |
|                                |   | f drawers, etc.)  | ,   |                                   | 100% of fair market value, up to any applicable statutory limit   |  |   |
|                                |   | ning (e.g. coat, shirt<br>ergarments, socks,  | s, \$800.00   |                                   | \$800.00  | Va. Cod  | e Ann. § 34-26(4)   |
|                                | shoes, etc.)  |   |   |                                   | 100% of fair market value, up to  |  |   |
|                                | Line from Sch   | edule A/B: <b>11.1</b>  |   |                                   | any applicable statutory limit  |  |   |
|                                | Cash on ha  | <b>nd</b><br>edule A/B: <b>16.1</b>   | \$50.00   |                                   | \$50.00   | Va. Cod  | e Ann. § 34-4   |
|                                |   |   |   |                                   | 100% of fair market value, up to any applicable statutory limit   |  |   |
|                                | USAA Fede<br>#***053-3  | ral Credit Union Ac   | t \$24.10   |                                   | \$24.10   | Va. Cod  | e Ann. § 34-4   |
|                                |   | edule A/B. <b>17.1</b>  |   |                                   | 100% of fair market value, up to any applicable statutory limit   |  |   |
| 3.                             |   |   | nption of more than \$160,375?<br>every 3 years after that for case:  |                                   | on or after the date of adjustment.)  |  |   |

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes Case 19-10986-KHK Doc 1 Filed 03/28/19 Entered 03/28/19 12:12:49 Desc Main Document Page 26 of 63

| Case   | 19-10986-KHI             |  |                  | red 03/28/19 1                         | .2:12:49 Des        | c Main             |
|--|--------------------------|--|------------------|--|---------------------|--------------------|
| Fill in this   | s information to iden    | Document tify your case:   | Page 27          | OI 6.3                                 |                     |                    |
|  |                          |  |                  |  |                     |                    |
| Debtor 1   | Thomas J. John           | nson, III  Middle Name   | Last Name        |  |                     |                    |
| Debtor 2   | - I I OCT TACING         |  | Last Hame        |  | ĺ                   |                    |
| (Spouse if, filing)  | First Name               | Middle Name  | Last Name        |  |                     |                    |
| United States Bar  | kruptcy Court for the:   | EASTERN DISTRICT OF VIRG   | INIA, ALEXAN     | IDRIA DIVISION                         |                     |                    |
| Case number  |                          |  |                  |  |                     |                    |
| (if known)   |                          |  |                  |  | ☐ Check             | k if this is an    |
|  |                          |  |                  |  | amen                | ded filing         |
| Official Form  | 106D                     |  |                  |  |                     |                    |
|  |                          | Who Have Claims S  | Secured          | by Property                            | /                   | 12/15              |
| needed, copy the Ad  |                          | If two married people are filing togethe<br>t, number the entries, and attach it to t      |                  |  |                     |                    |
| known).<br>1. Do any araditara l   | have claims secured by   | A VOUE PROPORTY?   |                  |  |                     |                    |
|  | •                        |  | ahadulaa Varrk   | ance mathing along to vor              | out on this form    |                    |
|  |                          | is form to the court with your other so  | nedules. You n   | lave nothing else to rep               | on this form.       |                    |
| ■ Yes. Fill in   | all of the information b | elow.  |                  |  |                     |                    |
| Part 1: List All   | Secured Claims           |  |                  | Caluman A                              | Column B            | Caluman            |
|  |                          | more than one secured claim, list the cred   |                  | Column A  Amount of claim              | Value of collateral | Column C Unsecured |
|  |                          | a particular claim, list the other creditors<br>cal order according to the creditor 's nam |                  | Do not deduct the value of collateral. | that supports this  | portion If any     |
| 2.1 Bridgecre  | st                       | Describe the property that secures t   | he claim:        | \$13,509.00                            | \$9,000.00          | \$4,509.00         |
| Creditor's Name  |                          | 2011 Lexus CT 200h   |                  |  |                     |                    |
|  |                          |  |                  |  |                     |                    |
| 7300 F Ha  | mpton Ave                | As of the date you file, the claim is:   | Check all that   |  |                     |                    |
|  | 85209-3324               | apply.  Contingent   |                  |  |                     |                    |
| Number, Street,  | City, State & Zip Code   | ☐ Unliquidated   |                  |  |                     |                    |
|  |                          | Disputed   |                  |  |                     |                    |
| Who owes the del   | ot? Check one.           | Nature of lien. Check all that apply.  |                  |  |                     |                    |
| Debtor 1 only  |                          | An agreement you made (such as n   | mortgage or secu | ıred                                   |                     |                    |
| Debtor 2 only  |                          | car loan)  |                  |  |                     |                    |
| ☐ Debtor 1 and De  | btor 2 only              | ☐ Statutory lien (such as tax lien, med  | chanic's lien)   |  |                     |                    |
| ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit |                          |  |                  |  |                     |                    |
| Check if this cla  |                          | Other (including a right to offset)  | Purchase M       | loney Security                         |                     |                    |
| Date debt was incu   | 2018-08-23               | Last 4 digits of account numb  | ber <u>6101</u>  |  |                     |                    |
|  |                          |  |                  |  |                     |                    |
| Add the dollar valu  | e of your entries in Col | lumn A on this page. Write that number   | r here:          | \$13,509.                              | .00                 |                    |
| If this is the last pa   | ge of your form, add th  | e dollar value totals from all pages.  |                  | \$13,509                               |                     |                    |
| Write that number I  | here:                    |  |                  | \$13,509.                              | .00                 |                    |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Co                  | 36 19-10900-1(11)  |   | 28 of 63                           | 12.12.49 Desc Main                            |
|---------------------|--|---|------------------------------------|---|
| Fill in this        | s information to identify you                                |   | 20 UI U3                           |   |
|                     | •  |   |                                    |   |
| Debtor 1            | Thomas J. Johns First Name                                   | On, III  Middle Name Last Name  | 3                                  | -   |
| Debtor 2            |  |   |                                    |   |
| (Spouse if, filing) | First Name   | Middle Name Last Name   | •                                  |   |
| United States       | s Bankruptcy Court for the:                                  | EASTERN DISTRICT OF VIRGINIA, ALE   | XANDRIA DIVISION                   | _   |
| Case numbe          | ır   |   |                                    |   |
| (if known)          |  |   |                                    | ☐ Check if this is an                         |
|                     |  |   |                                    | amended filing                                |
| Official E          | orm 106E/F   |   |                                    |   |
|                     |  | ho Have Unsecured Claims  |                                    | 12/15   |
|                     |  | e Part 1 for creditors with PRIORITY claims and   |                                    |   |
| case number (i      |  | re no information to report in a Part, do not file<br>secured Claims  | that Part. On the top of an        | y additional pages, write your name and       |
|                     | reditors have priority unsecure                              |   |                                    |   |
| ■ No. Go            | o to Part 2.   | - ,   |                                    |   |
| ☐ Yes.              |  |   |                                    |   |
|                     | st All of Your NONPRIORIT                                    | Y Unsecured Claims  |                                    |   |
| 3. Do any cr        | reditors have nonpriority unsec                              | ured claims against you?  |                                    |   |
| □ No. Yo            | ou have nothing to report in this pa                         | art. Submit this form to the court with your other so   | chedules.                          |   |
| Yes.                |  | ŕ   |                                    |   |
| ■ Yes.              |  |   |                                    |   |
| unsecured           | claim, list the creditor separately                          | aims in the alphabetical order of the creditor warfor each claim. For each claim listed, identify what the other creditors in Part 3.If you have more the | at type of claim it is. Do not lis | st claims already included in Part 1. If more |
| 2.                  |  |   |                                    | Total claim                                   |
| 4.1 <b>Blaz</b>     | _  | Last 4 digits of account number   | er <u>3428</u>                     | \$449.  |
| Nonp                | priority Creditor's Name                                     | When was the debt incurred?   | 2016-06-17                         |   |
| 550 <sup>-</sup>    | 1 S Broadband Ln   | when was the dest incurred.   | 2010-00-17                         |   |
|                     | ux Falls, SD 57108-2253                                      |   |                                    |   |
|                     | ber Street City State ZIp Code                               | As of the date you file, the clai   | m is: Check all that apply         |   |
| _                   | incurred the debt? Check one.                                | П.  |                                    |   |
|                     | ebtor 1 only   | ☐ Contingent  |                                    |   |
|                     | ebtor 2 only   | ☐ Unliquidated  |                                    |   |
| _                   | ebtor 1 and Debtor 2 only t least one of the debtors and and | ☐ Disputed  Type of NONPRIORITY unsecu  | red claim:                         |   |
|                     | heck if this claim is for a comr                             | П   |                                    |   |
| debt                |  | ☐ Obligations arising out of a se report as priority claims   | eparation agreement or divor       | ce that you did not                           |
| ■ Ne                | 0  | ☐ Debts to pension or profit-sha  | aring plans, and other similar     | debts   |
| ПУ                  | os   | Revolvin  | a account                          |   |

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| 4.2 | Capital One  | Last 4 digits of account number      | 7045  | \$1,000.00 |
|-----|--|--------------------------------------|---|------------|
|     | Nonpriority Creditor's Name                                      | When was the debt incurred?          | 2015-09-07                                    |            |
|     | PO Box 30281   |                                      | 2010 00 07                                    |            |
|     | Salt Lake City, UT 84130-0281  Number Street City State Zlp Code | - As af the data was file the alains | See Oh a shall shad a sail.                   |            |
|     | Who incurred the debt? Check one.                                | As of the date you file, the claim   | is: Check all that apply                      |            |
|     | ■ Debtor 1 only  | ☐ Contingent                         |   |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated                       |   |            |
|     | Debtor 1 and Debtor 2 only                                       | ☐ Disputed                           |   |            |
|     | ☐ At least one of the debtors and another                        | Type of NONPRIORITY unsecure         | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                         | ☐ Student loans                      |   |            |
|     | debt   | Obligations arising out of a sepa    | aration agreement or divorce that you did not |            |
|     | Is the claim subject to offset?                                  | report as priority claims            | •   |            |
|     | No   | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|     | Yes  | Other. Specify Revolving             | account                                       |            |
| 4.3 | Capital One  | Last 4 digits of account number      | 1617  | \$970.00   |
|     | Nonpriority Creditor's Name                                      | When was the debt incurred?          | 2015-09-03                                    |            |
|     | PO Box 30281   | when was the dept incurred?          | 2015-09-03                                    |            |
|     | Salt Lake City, UT 84130-0281                                    |                                      |   |            |
|     | Number Street City State Zlp Code                                | As of the date you file, the claim   | is: Check all that apply                      |            |
|     | Who incurred the debt? Check one.                                | _                                    |   |            |
|     | Debtor 1 only  | Contingent                           |   |            |
|     | Debtor 2 only  | Unliquidated                         |   |            |
|     | Debtor 1 and Debtor 2 only                                       | Disputed                             |   |            |
|     | At least one of the debtors and another                          | Type of NONPRIORITY unsecure         | d claim:                                      |            |
|     | ☐ Check if this claim is for a community debt                    | Student loans                        |   |            |
|     | Is the claim subject to offset?                                  | report as priority claims            | aration agreement or divorce that you did not |            |
|     | ■ No   | Debts to pension or profit-sharin    | ng plans, and other similar debts             |            |
|     | □Yes   | Other. Specify Revolving             | account                                       |            |
| 4.4 | Capital One  | Last 4 digits of account number      | 3139  | \$443.00   |
|     | Nonpriority Creditor's Name                                      |                                      |   | ψ443.00    |
|     | <b>DO D</b>  | When was the debt incurred?          | 2016-05-24                                    |            |
|     | PO Box 30281<br>Salt Lake City, UT 84130-0281                    |                                      |   |            |
|     | Number Street City State Zlp Code                                | As of the date you file, the claim   | is: Check all that apply                      |            |
|     | Who incurred the debt? Check one.                                | -                                    |   |            |
|     | Debtor 1 only  | ☐ Contingent                         |   |            |
|     | ☐ Debtor 2 only  | ☐ Unliquidated                       |   |            |
|     | Debtor 1 and Debtor 2 only                                       | ☐ Disputed                           |   |            |
|     | ☐ At least one of the debtors and another                        | Type of NONPRIORITY unsecure         | d claim:                                      |            |
|     | ☐ Check if this claim is for a community                         | ☐ Student loans                      |   |            |
|     | debt   |                                      | aration agreement or divorce that you did not |            |
|     | Is the claim subject to offset?                                  | report as priority claims            | a place and other similar dates               |            |
|     | ■ No   | Debts to pension or profit-sharin    |   |            |
|     | Yes  | Other. Specify Revolving             | account                                       |            |

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debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Open account

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Open account ☐ Yes

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Document Page 32 of 63 Debtor 1 Johnson, Thomas J. III Case number (f known) \$1,000.00 4.11 **Plain Green Loans** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 93 Mack Rd Ste 600 Box Elder, MT 59521 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.12 Santander Last 4 digits of account number 1000 \$21,543.00 Nonpriority Creditor's Name When was the debt incurred? 2010-03-04 PO Box 961245 Ft Worth, TX 76161-0244 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans  $\square$  Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Installment account 4.13 SpeedyCash.com Last 4 digits of account number \$1,612.00 5212 Nonpriority Creditor's Name When was the debt incurred? 2018-11-27 3527 N Ridge Rd Wichita, KS 67205-1212 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Open account

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Page 33 of 63 Case number (f known) Document Debtor 1 Johnson, Thomas J. III 4.14 \$63,596.00 **US Dept Of Education** Last 4 digits of account number 8581 Nonpriority Creditor's Name When was the debt incurred? 2015-07-06 2401 International Ln Madison, WI 53704-3121 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Installment account Other. Specify 4.15 Last 4 digits of account number Wallmart 8529 \$370.00 Nonpriority Creditor's Name When was the debt incurred? 2015-10-11 PO Box 965024 Orlando, FL 32896-5024 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Revolving account Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Ad Astra Rec Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 7330 W 33rd St N Ste 118 Part 2: Creditors with Nonpriority Unsecured Claims Wichita, KS 67205-9370 Last 4 digits of account number 5212 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Capital One Bank NA ☐ Part 1: Creditors with Priority Unsecured Claims Line 4.6 of (Check one): PO Box 71083 ■ Part 2: Creditors with Nonpriority Unsecured Claims Charlotte, NC 28272-1083 Last 4 digits of account number 7745 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit Coll** Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 9134 ■ Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

Needham, MA 02494-9134

9182

Last 4 digits of account number

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| Debtor 1 Johnson, Thomas J. III                 |                                 | Case number (f known)                                 |
|---|---------------------------------|---|
| Credit Coll<br>PO Box 9134                      | Line 4.8 of (Check one):        | Part 1: Creditors with Priority Unsecured Claims      |
| Needham, MA 02494-9134                          | Last 4 digits of account numbe  | Part 2: Creditors with Nonpriority Unsecured Claims   |
|   | Last 4 digits of account numbe  | 3278  |
| Name and Address                                | On which entry in Part 1 or Par | rt 2 did you list the original creditor?              |
| Erc   | Line 4.5 of (Check one):        | ☐ Part 1: Creditors with Priority Unsecured Claims    |
| 8014 Bayberry Rd<br>Jacksonville, FL 32256-7412 |                                 | Part 2: Creditors with Nonpriority Unsecured Claims   |
| 540K36HVIIIC, 1 E 52256 7412                    | Last 4 digits of account numbe  | 7622  |
| Name and Address                                | On which entry in Part 1 or Par | rt 2 did you list the original creditor?              |
| Rec Mgm Sys                                     | Line 4.10 of (Check one):       | ☐ Part 1: Creditors with Priority Unsecured Claims    |
| PO Box 17305<br>Richmond, VA 23226-7305         |                                 | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
|   | Last 4 digits of account numbe  | or 2094   |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                             |   |   |     | 1  | otal Claim |
|-----------------------------|---|---|-----|----|------------|
|                             | 6a.   | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims<br>from Part 1 | Ch  | Toyon and contain other debte you are the government                              | Ch  | •  |            |
| from Part 1                 | 6b.   | Taxes and certain other debts you owe the government                              | 6b. | \$ | 0.00       |
|                             | 6c.   | Claims for death or personal injury while you were intoxicated                    | 6c. | \$ | 0.00       |
|                             | 6d.   | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$ | 0.00       |
|                             | 6e.   | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|                             |   |   |     | 1  | otal Claim |
| T. (.1.1.1.1                | 6f.   | Student loans   | 6f. | \$ | 0.00       |
| Total claims<br>from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims |   | 6g. | \$ | 0.00       |
|                             | 6h.   | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$ | 0.00       |
|                             | 6i.   | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 93,084.00  |
|                             | 6j.   | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$ | 93,084.00  |

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|   |                          |                    | III FAUE 33 01 03             |  |  |
|---|--------------------------|--------------------|-------------------------------|--|--|
| Fill in th                              | is information to identi | fy your case:      |                               |  |  |
| Debtor 1                                | Thomas J. Johnson, III   |                    |                               |  |  |
|   | First Name               | Middle Name        | Last Name                     |  |  |
| Debtor 2                                |                          |                    |                               |  |  |
| (Spouse if, filing)                     | First Name               | Middle Name        | Last Name                     |  |  |
| United States Bankruptcy Court for the: |                          | EASTERN DISTRICT O | F VIRGINIA, ALEXANDRIA DIVISI |  |  |
| Case number                             |                          |                    |                               |  |  |
| (if known)                              |                          |                    |                               |  |  |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 Huntington Gateway   | Residential Lease                       |
| 5982 Richmond Hwy  | 5982 Richmond Hwy                       |
| Alexandria, VA 22303-1800  | Alexandria, VA 22303-1800               |

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|   |  | Docume   | nt Page 36 g  | of 63  |
|---|--|--|---|--|
| Fill ir   | this information to identi   | fy your case:  |   |  |
| Debtor 1  | Thomas J. Johns  | son, III   |   |  |
|   | First Name   | Middle Name  | Last Name   |  |
| Debtor 2<br>(Spouse if, filing)                 | First Name   | Middle Name  | Last Name   |  |
|   |  |  |   |  |
| United States                                   | Bankruptcy Court for the:  | EASTERN DISTRICT O   | F VIRGINIA, ALEXAND                                 | RIA DIVISION   |
| Case number                                     | ·  |  |   |  |
| (if known)                                      |  |  |   | ☐ Check if this is an  |
|   |  |  |   | amended filing   |
| Official F                                      | Form 106H  |  |   |  |
| Schedu  | le H: Your Cod   | ebtors   |   | 12/15  |
| <del>Joneau</del>                               | 10 11: 10a: 00a  |  |   | 12/13  |
| are filing toge<br>and number to<br>case number | ther, both are equally responders in the boxes on (if known). Answer every o | ponsible for supplying con<br>the left. Attach the Addition<br>question. | rrect information. If mo<br>onal Page to this page. | complete and accurate as possible. If two married people<br>ore space is needed, copy the Additional Page, fill it out,<br>. On the top of any Additional Pages, write your name and |
| 1. Do you                                       | u have any codebtors? (If  | you are filing a joint case, do  | not list either spouse as                           | s a codebtor.  |
| ■ No  |  |  |   |  |
| ☐ Yes   |  |  |   |  |
|   | the last 8 years, have you<br>, Idaho, Louisiana, Nevada                     |  |   | ? (Community property states and territories include Arizona, d Wisconsin.)  |
| ■ No. Go  | to line 3.   |  |   |  |
| ☐ Yes. D  | id your spouse, former spou  | se, or legal equivalent live w   | ith you at the time?                                |  |
| line 2 aga                                      | ain as a codebtor only if the<br>chedule E/F (Official Form                  | nat person is a guarantor o  | or cosigner. Make sure                              | f your spouse is filing with you. List the person shown in<br>e you have listed the creditor on Schedule D (Official Form<br>e Schedule D, Schedule E/F, or Schedule G to fill out   |
|   | dumn 1: Your codebtor<br>ne, Number, Street, City, State and Z               | ZIP Code   |   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:  |
| 3.1   |  |  |   | ☐ Schedule D, line   |
| Nam   | ne   |  |   | ☐ Schedule E/F, line   |
|   |  |  |   | ☐ Schedule G, line   |
| Nur   | nber Street  |  |   | _  |
| City  | ,  | State  | ZIP Code  |  |
|   |  |  |   |  |
| 3.2 Nan   | ne   |  |   | Schedule D, line   |
| . 101   |  |  |   | ☐ Schedule E/F, line<br>☐ Schedule G, line   |
| -   | nhor Circui  |  |   |  |
| Nun   | nber Street  |  |   |  |

State

City

ZIP Code

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| EIII        | in this information to identify your ca  |                             |   |              |        | •             |                           |                         |                                |            |
|-------------|--|-----------------------------|---|--------------|--------|---------------|---------------------------|-------------------------|--------------------------------|------------|
|             | btor 1 Thomas J. Je  |                             |   |              |        |               |                           |                         |                                |            |
| _           | btor 2 puse, if filing)  | · · · · · ·                 |   |              | _      |               |                           |                         |                                |            |
| Uni         | ited States Bankruptcy Court for the:  | EASTERN DISTRICT DIVISION   | OF VIRGINIA, ALE                                    | XANDRIA      | _      |               |                           |                         |                                |            |
|             | se number<br>nown)   |                             | -   |              |        | ☐ An          |                           | ed filing               | g postpetition o               | chapter 13 |
| <u>O</u>    | fficial Form 106I  |                             |   |              |        | M             | M / DD/ Y                 | YYY                     |                                |            |
| S           | chedule I: Your Inco   | ome                         |   |              |        |               |                           |                         |                                | 12/15      |
| spo<br>atta | plying correct information. If you a use. If you are separated and your ch a separate sheet to this form. On the control of th | spouse is not filing wit    | h you, do not inclu                                 | de informa   | atior  | n about yo    | our spou<br>oer (if kn    | se. If mor<br>own). Ans | e space is ne<br>swer every qu | eded,      |
|             | information.   |                             |   |              |        |               | _                         |                         | iling spouse                   |            |
|             | If you have more than one job,<br>attach a separate page with<br>information about additional  | Employment status           | <ul><li>■ Employed</li><li>□ Not employed</li></ul> | •            |        |               | ☐ Employed ☐ Not employed |                         |                                |            |
|             | employers.   | Occupation                  | It specialist                                       |              |        |               |                           |                         |                                |            |
|             | Include part-time, seasonal, or self-employed work.  | Employer's name             | AccelerEd LL0                                       | <b>C</b>     |        |               |                           |                         |                                |            |
|             | Occupation may include student or homemaker, if it applies.  | Employer's address          | 7315 Wiscons<br>Bethesda, MD                        |              |        | 00            |                           |                         |                                |            |
|             |  | How long employed th        | nere? 2 year  | rs           |        |               | _                         |                         |                                |            |
| Pa          | rt 2: Give Details About Mont  | thly Income                 |   |              |        |               |                           |                         |                                |            |
|             | mate monthly income as of the dat<br>as you are separated.   | te you file this form. If y | ou have nothing to re                               | eport for an | y line | e, write \$0  | in the spa                | ace. Includ             | le your non-filir              | ng spouse  |
|             | u or your non-filing spouse have more<br>ce, attach a separate sheet to this forn  |                             | oine the information f                              | or all emplo | oyers  | s for that po | erson on                  | the lines b             | elow. If you ne                | ed more    |
|             | •  |                             |   |              |        | For Debt      | or 1                      |                         | btor 2 or<br>ing spouse        |            |
| 2.          | List monthly gross wages, salary deductions). If not paid monthly, ca  |                             |   | 2.           | \$     | 5,0           | 57.68                     | \$                      | N/A                            |            |
| 3.          | Estimate and list monthly overting   | ne pay.                     |   | 3.           | +\$    |               | 0.00                      | +\$                     | N/A                            |            |
| 4.          | Calculate gross Income. Add line   | e 2 + line 3.               |   | 4.           | \$     | 5,05          | 7.68                      | \$                      | N/A                            |            |

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| Debt | or 1<br>-      | Johnson, Thomas J. III  | _        | Case     | number (if known) |            |  |
|------|----------------|---|----------|----------|-------------------|------------|--|
|      |                |   |          | For      | Debtor 1          |            | otor 2 or<br>ng spouse                   |
|      | Copy           | y line 4 here   | 4.       | \$       | 5,057.68          | \$         | N/A                                      |
| 5.   | List           | all payroll deductions:   |          |          |                   |            |  |
| -    | 5a.            | Tax, Medicare, and Social Security deductions   | 5a.      | \$       | 1,249.24          | \$         | N/A                                      |
|      | 5b.            | Mandatory contributions for retirement plans  | 5b.      | <u> </u> | 0.00              | \$         | N/A                                      |
|      | 5c.            | Voluntary contributions for retirement plans  | 5c.      | \$_      | 0.00              | \$         | N/A                                      |
|      | 5d.            | Required repayments of retirement fund loans  | 5d.      | \$       | 36.06             | \$         | N/A                                      |
|      | 5e.            | Insurance   | 5e.      | \$_      | 214.14            | \$         | N/A                                      |
|      | 5f.            | Domestic support obligations  | 5f.      | \$       | 0.00              | \$         | N/A                                      |
|      | 5g.            | Union dues  | 5g.      | \$_      | 0.00              | \$         | N/A                                      |
|      | 5h.            | Other deductions. Specify: Child Support  | 5h.+     | \$       | 185.30            | + \$       | N/A                                      |
| 6.   | Add            | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | \$       | 1,684.74          | \$         | N/A                                      |
| 7.   | Calc           | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | \$       | 3,372.94          | \$         | N/A                                      |
| 8.   | List a         | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.      | \$       | 0.00              | \$         | N/A                                      |
|      | 8b.            | Interest and dividends  | 8b.      | \$_      | 0.00              | \$         | N/A                                      |
|      | 8c.            | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.      | *_<br>\$ | 0.00              | \$         | N/A                                      |
|      | 8d.            | Unemployment compensation   | 8d.      | \$       | 0.00              | \$         | N/A                                      |
|      | 8e.            | Social Security   | 8e.      | \$       | 0.00              | \$         | N/A                                      |
|      | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | 8f.      | \$       | 0.00              | \$         | N/A                                      |
|      | 8g.            | Pension or retirement income  | —<br>8g. | \$       | 0.00              | \$         | N/A                                      |
|      | 8h.            | Other monthly income. Specify:  | 8h.+     | \$       | 0.00              | + \$       | N/A                                      |
| 9.   | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$       | 0.00              | \$         | N/A                                      |
| 10.  |                | ulate monthly income. Add line 7 + line 9.  | 10. \$   | 3        | 3,372.94 + \$     | N          | V/A = \$ 3,372.94                        |
|      | Add            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |          |          |                   |            |  |
| 11.  | Inclu<br>other | e all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your defineds or relatives. On include any amounts already included in lines 2-10 or amounts that are not availy:           | ependent |          | ·                 | Schedule : | <i>J.</i><br>11. <b>+</b> \$ <b>0.00</b> |
| 12.  |                | the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain  |          |          |                   |            | 12. \$ 3,372.94                          |
| 13.  | Do y<br>■      | ou expect an increase or decrease within the year after you file this form?  No.  Yes Explain:  | ?        |          |                   |            | Combined monthly income                  |

Official Form 106I Schedule I: Your Income page 2

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| EII       | in this informe    | tion to identify you                   | ır 0000:    |  |                      | Ī             |                                      |                              |
|-----------|--------------------|--|-------------|--|----------------------|---------------|--------------------------------------|------------------------------|
|           |                    | tion to identify you                   | ir case.    |  |                      |               |                                      |                              |
| Deb       | otor 1             | Thomas J. Jo                           | hnson,      | III  |                      |               | ck if this is:                       |                              |
| Deb       | otor 2             |  |             |  |                      |               | An amended filing  A supplement show | ring postpetition chapter 13 |
| (Sp       | ouse, if filing)   |  |             |  |                      |               | expenses as of the                   |                              |
| Unit      | ted States Bankr   | uptcy Court for the:                   |             | RN DISTRICT OF VIRGIN<br>NDRIA DIVISION                    | IA,                  |               | MM / DD / YYYY                       |                              |
| !         | se number<br>nown) |  |             |  |                      |               |                                      |                              |
| $\bigcap$ | fficial Fo         | rm 106J                                |             |  |                      | I             |                                      |                              |
|           |                    | J: Your E                              | <br>Expen   | ses  |                      |               |                                      | 12/1:                        |
|           |                    |  |             | If two married people are                                  |                      |               |                                      |                              |
|           |                    | ore space is need<br>er every question |             | ch another sheet to this fo                                | orm. On the top of a | iny addition  | nal pages, write you                 | ur name and case numbe       |
|           | <u> </u>           |  |             |  |                      |               |                                      |                              |
| Par<br>1. | Is this a join     | ibe Your Househ<br>it case?            | iold        |  |                      |               |                                      |                              |
|           | ■ No. Go to        |  |             |  |                      |               |                                      |                              |
|           |                    | s Debtor 2 live in                     | a separa    | te household?  |                      |               |                                      |                              |
|           | □N                 |  |             |  |                      |               |                                      |                              |
|           |                    |  | file Offici | al Form 106J-2, Expenses t                                 | or Separate Househ   | nold of Debto | or 2.                                |                              |
| 2.        | Do you have        | e dependents?                          | ■ No        |  |                      |               |                                      |                              |
|           | Do not list Do     | •                                      | ☐ Yes.      | Fill out this information for                              | Dependent's relati   | ionshin to    | Dependent's                          | Does dependent               |
|           | Debtor 2.          | Cotor i and                            | ☐ Yes.      | each dependent   | Debtor 1 or Debtor   |               | age                                  | live with you?               |
|           | Do not state       | the                                    |             |  |                      |               |                                      | □ No                         |
|           | dependents         | names.                                 |             |  |                      |               | _                                    | ☐ Yes                        |
|           |                    |  |             |  |                      |               |                                      | □ No                         |
|           |                    |  |             |  |                      |               |                                      | ☐ Yes                        |
|           |                    |  |             |  |                      |               |                                      | □ No<br>□ Yes                |
|           |                    |  |             |  |                      |               |                                      | □ Yes                        |
|           |                    |  |             |  |                      |               |                                      | ☐ Yes                        |
| 3.        |                    | enses include                          |             | No   |                      |               |                                      |                              |
|           |                    | people other the                       | an ┌        | Yes  |                      |               |                                      |                              |
|           | yoursen and        | d your dependen                        | ts?         |  |                      |               |                                      |                              |
| Par       |                    | ate Your Ongoin                        |             |  |                      |               |                                      |                              |
| exp       |                    |  |             | ptcy filing date unless your is filed. If this is a supple |                      |               |                                      |                              |
| Inc       | lude expenses      | s paid for with no                     | on-cash o   | overnment assistance if                                    | vou know the         |               |                                      |                              |
| val       |                    | sistance and hav                       |             | ed it on Schedule I: Your I                                |                      |               | Your exp                             | enses                        |
| 4.        |                    | r home ownersh<br>d any rent for the o |             | ses for your residence. Indict.                            | clude first mortgage | 4.            | \$                                   | 1,883.00                     |
|           | If not includ      | ed in line 4:                          |             |  |                      |               |                                      |                              |
|           | 4a. Real e         | state taxes                            |             |  |                      | 4a.           | \$                                   | 0.00                         |
|           |                    | rty, homeowner's,                      | or renter's | insurance  |                      | 4b.           | · —                                  | 0.00                         |
|           |                    | maintenance, rep                       |             |  |                      | 4c.           | \$                                   | 0.00                         |
| _         |                    | owner's association                    |             |  |                      | 4d.           | ·                                    | 0.00                         |
| 5         | Additional n       | nortagae navmei                        | nte for vo  | ur rasidanca such as hom                                   | anuity Inane         | 5             | <b>4</b>                             | 0.00                         |

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| Debtor 1   | Johnson, Thomas J. III  | Case num  | ber (if known)   |   |
|--|---|---|--|---|
| 6. <b>Utili</b>                                  | ties:   |   |  |   |
| 6a.  | Electricity, heat, natural gas  | 6a.   | \$   | 250.00  |
| 6b.  | Water, sewer, garbage collection  | 6b.   | \$   | 0.00  |
| 6c.  | Telephone, cell phone, Internet, satellite, and cable services                      | 6c.   | \$   | 467.00  |
| 6d.  | Other. Specify:   | 6d.   | \$   | 0.00  |
|  | d and housekeeping supplies   | —— 7.   | \$   | 100.00  |
|  | dcare and children's education costs  | 8.  | \$   |   |
|  |   |   | ·  | 450.00  |
|  | hing, laundry, and dry cleaning   | 9.  | \$   | 0.00  |
|  | sonal care products and services  | 10.   | \$   | 0.00  |
|  | lical and dental expenses   | 11.   | \$   | 0.00  |
|  | nsportation. Include gas, maintenance, bus or train fare. not include car payments. | 12.   | \$   | 200.00  |
|  | ertainment, clubs, recreation, newspapers, magazines, and books                     | 13.   | \$   | 0.00  |
|  | ritable contributions and religious donations                                       | 14.   | \$   | 0.00  |
| 15. <b>Ins</b> u                                 | •   |   | Ψ  | 0.00  |
| -  | not include insurance deducted from your pay or included in lines 4 or 20.          |   |  |   |
|  | Life insurance  | 15a.  | \$   | 0.00  |
| 15b.   | Health insurance  | 15b.  | \$   | 0.00  |
|  | Vehicle insurance   | 15c.  | \$   | 0.00  |
|  | Other insurance. Specify:   | 15d.  |  | 0.00  |
|  | es. Do not include taxes deducted from your pay or included in lines 4 or 20.       |   | <u> </u>   | 0.00  |
| Spe  | cify:   | 16.   | \$   | 0.00  |
|  | allment or lease payments: Car payments for Vehicle 1                               | 17a.  | \$   | 0.00  |
|  | Car payments for Vehicle 2  | 17b.  |  | 0.00  |
|  | Other. Specify:   | 17c.  | ·  | 0.00  |
|  | Other. Specify:   | 17d.  | ·  | 0.00  |
|  | r payments of alimony, maintenance, and support that you did not report as          |   | Ψ  | 0.00  |
|  | ucted from your pay on line 5, Schedule I, Your Income (Official Form 1061).        |   | \$   | 0.00  |
|  | er payments you make to support others who do not live with you.                    |   | \$   | 0.00  |
| Spe  | cifv:   | 19.   |  |   |
|  | er real property expenses not included in lines 4 or 5 of this form or on Scho      |   | r Income.  |   |
|  | Mortgages on other property   | 20a.  |  | 0.00  |
| 20b.   | Real estate taxes   | 20b.  | \$   | 0.00  |
| 20c.   | Property, homeowner's, or renter's insurance  | 20c.  | \$   | 0.00  |
| 20d.   | Maintenance, repair, and upkeep expenses  | 20d.  | \$   | 0.00  |
|  | Homeowner's association or condominium dues   | 20e.  | ·  | 0.00  |
|  | er: Specify:  | 21.   | *  | 0.00  |
|  |   |   | · Ψ  | 0.00  |
| 2. Calc  | culate your monthly expenses  |   |  |   |
|  | Add lines 4 through 21.   |   | \$   | 3,350.00  |
| 22b.   | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2     |   | \$   |   |
| 22c.   | Add line 22a and 22b. The result is your monthly expenses.                          |   | \$   | 3,350.00  |
|  | , , ,   |   |  |   |
|  | culate your monthly net income.   | 00-   | ¢.   | 0.070.04  |
|  | • • •   |   | ·  | 3,372.94  |
| 23b.   | Copy your monthly expenses from line 22c above.                                     | 23b.  | -\$  | 3,350.00  |
| 23c.   | Subtract your monthly expenses from your monthly income.                            | 23c   | \$   | 22.94   |
| 23a.<br>23b.<br>23c.<br>24. <b>Do y</b><br>For e | Copy line Copy you Subtract The resu  /ou expect example, do                        | e 12 (your combined monthly income) from Schedule I.  ur monthly expenses from line 22c above.  your monthly expenses from your monthly income.  It is your monthly net income.  an increase or decrease in your expenses within the year after y | e 12 (your combined monthly income) from Schedule I.  23a.  23b.  23c.  23c.  23a.  23b.  23c. | e 12 (your combined monthly income) from Schedule I.  23a. \$ 23b\$  your monthly expenses from your monthly income.  It is your monthly net income.  23c. \$  an increase or decrease in your expenses within the year after you file this form?  you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase |
| IOG.   |   |   |  |   |
|  | ves. Explain here:  |   |  |   |

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|                    | Fill in thi                | s information to identi                     | fy your case:   |   |  |   |
|--------------------|----------------------------|---|---|---|--|---|
|                    |                            |   |   |   |  |   |
| Dei                | otor 1                     | Thomas J. John                              | Middle Name   | Last Name   |  |   |
|                    | otor 2<br>ouse if, filing) | First Name                                  | Middle Name   | Last Name   |  |   |
| Uni                | ted States Ba              | inkruptcy Court for the:                    | EASTERN DISTRICT OF   | VIRGINIA, ALEXANDRIA DI                               | VISION   |   |
|                    | se number _<br>nown)       |   |   |   |  | Check if this is an mended filing                     |
| Sta                | as complete a              | of Financial                                |   | e filing together, both are ed                        | qually responsible for supply                                  |   |
| (if k              | nown). Answ                | er every question.                          | ·   |   | additional pages, write your i                                 | name and case number                                  |
| Pai                |                            | Details About Your Ma                       | rital Status and Where You  | Lived Before  |  |   |
| ••                 | ■ Married □ Not ma         | I   | <b>5</b> :  |   |  |   |
| 2.                 |                            |   | lived anywhere other than w   | here vou live now?                                    |  |   |
|                    | ■ No □ Yes. Lis            | st all of the places you liv                | red in the last 3 years. Do not in  | nclude where you live now.                            |  |   |
|                    | Debtor 1 Pr                | rior Address:                               | Dates Debtor 1 I there  | ived Debtor 2 Prior Ad                                | dress:   | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>state |                            |   |   |   | y property state or territory?<br>o, Texas, Washington and Wis |   |
|                    | ■ No<br>□ Yes. Ma          | ake sure you fill out Scho                  | edule H: Your Codebtors (Offic  | cial Form 106H).                                      |  |   |
| Par                | t 2 Expla                  | in the Sources of You                       | Income  |   |  |   |
| 4.                 | Fill in the total          | al amount of income you                     | nployment or from operating<br>u received from all jobs and al<br>lave income that you receive to | ll businesses, including part-t                       |  | ar years?   |
|                    | □ No ■ Yes. Fil            | ll in the details.                          |   |   |  |   |
|                    |                            |   | Debtor 1  |   | Debtor 2   |   |
|                    |                            |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                    | •                          | of current year until<br>ed for bankruptcy: | ■ Wages, commissions, bonuses, tips   | \$12,644.20   | ☐ Wages, commissions, bonuses, tips                            |   |
|                    |                            |   | ☐ Operating a business  |   | ☐ Operating a business   |   |

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Debtor 1 Johnson, Thomas J. III

|                |   |                                |                                     | Dalua ad   |   | Dalata 2                                       |                       |   |
|----------------|---|--------------------------------|-------------------------------------|--|---|--|-----------------------|---|
|                |   |                                |                                     | Debtor 1   |   | Debtor 2                                       |                       |   |
|                |   |                                |                                     | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                     | Sources of inco                                |                       | Gross income<br>(before deductions<br>and exclusions) |
|                | or last calendar year:<br>January 1 to December 31, 2018) |                                | 31, 2018 )                          | ■ Wages, commissions, bonuses, tips  | \$63,804.00   | ☐ Wages, components, tips                      | missions,             |   |
|                |   |                                |                                     | ☐ Operating a business   |   | ☐ Operating a b                                | ousiness              |   |
|                |   | lar year be<br>December        |                                     | ■ Wages, commissions, bonuses, tips  | \$57,605.00   | ☐ Wages, comi                                  | missions,             |   |
|                |   |                                |                                     | ☐ Operating a business   |   | Operating a b                                  | ousiness              |   |
| ot<br>yo<br>Li | ther publi<br>ou are filin<br>ist each s                  | c benefit paying a joint cas   | ments; pens<br>se and you ha        | er that income is taxable. Exam ions; rental income; interest; divave income that you received to me from each source separatel          | ridends; money collected from<br>gether, list it only once under l        | lawsuits; royalties;<br>Debtor 1.              |                       |   |
|                | J Yes.  | Fill in the de                 | etails.                             | Debter 4   |   | Dobtos 2                                       |                       |   |
|                |   |                                |                                     | Debtor 1 Sources of income Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions) | Debtor 2<br>Sources of inco<br>Describe below. | ome                   | Gross income<br>(before deductions<br>and exclusions) |
|                | J No.   | individual p                   | orimarily for a                     | Debtor 2 has primarily consult personal, family, or household personal family, or household pre you filed for bankruptcy, did            | purpose."   |  | S.C. § 101            | (8) as "incurred by an                                |
|                |   | □ Yes                          | List below creditor. D payments to  | 7. each creditor to whom you paid on not include payments for don to an attorney for this bankruptot on 4/01/19 and every 3 years a      | nestic support obligations, su<br>y case.                                 | ich as child support                           | and alimo             |   |
|                | Yes.  |                                |                                     | or both have primarily consulore you filed for bankruptcy, did   |   | \$600 or more?                                 |                       |   |
|                |   | ■ No.                          | Go to line                          | 7.   |   |  |                       |   |
|                |   | □ <sub>Yes</sub>               |                                     | each creditor to whom you paid for domestic support obligations uptcy case.  |   |  |                       |   |
| C              | Creditor'   | s Name and                     | d Address                           | Dates of payme   | nt Total amount paid  | Amount you still owe                           | Was this              | payment for   |
| In<br>W        | ns <i>ider</i> s in<br>hich you                           | clude your re<br>are an office | elatives; any o<br>er, director, po | r bankruptcy, did you make a<br>general partners; relatives of angerson in control, or owner of 200<br>prietor. 11 U.S.C. § 101. Include | y general partners; partnership<br>% or more of their voting secu         | os of which you are rities; and any mana       | a general paging agen | partner; corporations of t, including one for a       |
|                | ■ No  | l ist all navm                 | ents to an in                       | sider  |   |  |                       |   |
|                |   | Name and                       |                                     | Dates of payme   | nt Total amount   | Amount you                                     | Reason                | for this payment                                      |

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| 8.  | Within 1 year before you filed for bankruptcy insider? Include payments on debts guaranteed or cosign   |  | ments or transfer an   | ny property on acc    | count of a de  | bt that benefited an         |
|-----|---|--|------------------------|-----------------------|----------------|------------------------------|
|     | ■ No  |  |                        |                       |                |                              |
|     | ☐ Yes. List all payments to an insider  |  |                        |                       |                |                              |
|     | Insider's Name and Address  | Dates of payment   | Total amount paid      | Amount you still owe  |                | this payment<br>ditor's name |
| Par | t 4: Identify Legal Actions, Repossessions  | s, and Foreclosures  |                        |                       |                |                              |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury ca<br>and contract disputes.                             |  |                        |                       |                |                              |
|     | Yes. Fill in the details.   |  |                        |                       |                |                              |
|     | Case title Case number  | Nature of the case   | Court or agency        |                       | Status of the  | ne case                      |
| 10. | Within 1 year before you filed for bankrupto: Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below. |  | rty repossessed, fo    | reclosed, garnish     | ed, attached,  | seized, or levied?           |
|     | Creditor Name and Address   | Describe the Property  Explain what happened   |                        |                       |                | Value of the<br>property     |
|     | Regional Acceptance<br>1424 E Fire Tower Rd<br>Greenville, NC 27858-4105  | 2013 Lincoln MXZ  ■ Property was reposse □ Property was foreclos □ Property was garnishe □ Property was attached | ssed.<br>ed.<br>ed.    | 3/22/                 | 2019           | \$13,995.00                  |
| 11. | Within 90 days before you filed for bankrupt accounts or refuse to make a payment beca  No  |  | uding a bank or fina   | ancial institution, s | set off any ar | nounts from your             |
|     | ☐ Yes. Fill in the details.   |  |                        |                       |                |                              |
|     | Creditor Name and Address   | Describe the action the  | creditor took          | Date a taken          | action was     | Amount                       |
| 12. | Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or an   |  | rty in the possessio   | on of an assignee     | for the benef  | it of creditors, a           |
|     | ■ No □ Yes  |  |                        |                       |                |                              |
| Par | t 5: List Certain Gifts and Contributions   |  |                        |                       |                |                              |
| 13. | Within 2 years before you filed for bankrupt  ■ No  □ Yes. Fill in the details for each gift.   | cy, did you give any gifts   | s with a total value o | of more than \$600    | per person?    |                              |
|     | Gifts with a total value of more than \$600 person  | er Describe the gifts  |                        | Dates<br>the gi       | you gave       | Value                        |
|     | Person to Whom You Gave the Gift and Address:   |  |                        |                       |                |                              |

Case 19-10986-KHK Doc 1 Filed 03/28/19 Entered 03/28/19 12:12:49 Desc Main Page 44 of 63 Document ase number (if known) Debtor 1 Johnson, Thomas J. III 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Date of your Describe any insurance coverage for the loss Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment or Amount of payment **Address** transferred transfer was Email or website address made Person Who Made the Payment, if Not You Sandground, West, Silek & Raminpour, Payment for legal services rendered in 3/22/2019 \$899.00 the preperation of a chapter 7 8500 Leesburg Pike Ste 400 bankruptcy case Vienna, VA 22182-2409 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment or Amount of Address transferred transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

property transferred

payments received or debts

paid in exchange

Address

made

Person's relationship to you

Case 19-10986-KHK Doc 1 Filed 03/28/19 Entered 03/28/19 12:12:49 Desc Main Page 45 of 63 Document ase number (if known) Debtor 1 Johnson, Thomas J. III beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred Date Transfer was made List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. п Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance before account number instrument closed, sold, closing or transfer Address (Number, Street, City, State and ZIP Code) moved, or transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Value Owner's Name Where is the property? Describe the property (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Page 46 of 63 Document ase number (if known) Debtor 1 Johnson, Thomas J. III 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Nο Yes. Fill in the details. Date of notice Name of site Governmental unit Environmental law, if you Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Nο П Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No П Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Thomas J. Johnson, III Signature of Debtor 2 Thomas J. Johnson, III Signature of Debtor 1 March 28, 2019 Date Date

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Case number (if known) Document Debtor 1 Johnson, Thomas J. III Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Official Form 107

Case 19-10986-KHK

■ No

Doc 1

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|                          |                           | Docume             | ent Page 48 of 63        | }       |                                      |
|--------------------------|---------------------------|--------------------|--------------------------|---------|--------------------------------------|
| Fill in th               | nis information to identi | fy your case:      |                          |         |                                      |
| Debtor 1                 | Thomas J. Johns           | ,                  |                          |         |                                      |
|                          | First Name                | Middle Name        | Last Name                |         |                                      |
| Debtor 2                 |                           |                    |                          |         |                                      |
| (Spouse if, filing)      | First Name                | Middle Name        | Last Name                |         |                                      |
| United States Ba         | inkruptcy Court for the:  | EASTERN DISTRICT O | F VIRGINIA, ALEXANDRIA D | IVISION |                                      |
| Case number _ (if known) |                           |                    |                          |         | ☐ Check if this is an amended filing |
|                          |                           |                    |                          |         | 3                                    |
|                          |                           |                    |                          |         |                                      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| _   |   |          |                                 |
|-----|---|----------|---------------------------------|
| Par | t1: Summarize Your Assets   |          |                                 |
|     |   |          | ır assets<br>ue of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B  | \$_      | 0.00                            |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$_      | 2,068.80                        |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$_      | 2,068.80                        |
| Par | t 2: Summarize Your Liabilities   |          |                                 |
|     |   |          | ır liabilities<br>ount you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D        | \$_      | 13,509.00                       |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e & chedule E/F                                  | \$_      | 0.00                            |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F   | \$_      | 93,084.00                       |
|     | Your total liabilities  | \$       | 106,593.00                      |
| Par | t3: Summarize Your Income and Expenses  |          |                                 |
| 4.  | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oschedule I  | \$_      | 3,372.94                        |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$_      | 3,350.00                        |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |          |                                 |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other.                  | her sch  | edules.                         |
| 7.  | ■ Yes What kind of debt do you have?  |          |                                 |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, | family, or household            |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

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Debtor 1 Johnson, Thomas J. III

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11: <b>OR</b> . Form 122B Line 11: <b>OR</b> . Form 122C-1 Line 14.                              |

5,057.68

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim | 1    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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| Fill in this in     | formation to identify yo            | our case:                |                              |                           |                                |
|---------------------|-------------------------------------|--------------------------|------------------------------|---------------------------|--------------------------------|
| Debtor 1            | Thomas J. Johns                     | son. III                 |                              |                           |                                |
|                     | First Name                          | Middle Name              | Last Name                    |                           |                                |
| Debtor 2            |                                     |                          |                              |                           |                                |
| (Spouse if, filing) | First Name                          | Middle Name              | Last Name                    |                           |                                |
| United States Ba    | nkruptcy Court for the:             | EASTERN DISTRICT (       | OF VIRGINIA, ALEXANDRIA      | DIVISION                  |                                |
| Case number         |                                     |                          |                              |                           |                                |
| (if known)          |                                     |                          |                              |                           | ☐ Check if this is an          |
|                     |                                     |                          |                              |                           | amended filing                 |
|                     |                                     |                          |                              |                           |                                |
| ~                   |                                     |                          |                              |                           |                                |
| Official Forn       | n 106Dec                            |                          |                              |                           |                                |
| Declarat            | ion About a                         | an Individua             | I Debtor's Scl               | hedules                   | 12/15                          |
|                     |                                     |                          |                              |                           |                                |
| If two married pe   | ople are filing together,           | , both are equally respo | nsible for supplying correct | information.              |                                |
| You must file this  | s form whenever you fil             | a hankruntov schadulas   | or amended schedules. Ma     | aking a false statement ( | concealing property or         |
| obtaining money     | or property by fraud in             | connection with a bank   | ruptcy case can result in fi |                           |                                |
| years, or both. 18  | 3 U.S.C. §§ 152, 1341, 1            | 519, and 3571.           |                              |                           |                                |
|                     |                                     |                          |                              |                           |                                |
| Sign                | n Below                             |                          |                              |                           |                                |
| Oigi                | 1 Delow                             |                          |                              |                           |                                |
| Did you pay         | v or agree to pay some              | one who is NOT an attor  | ney to help you fill out ban | kruptcy forms?            |                                |
| 2.0 ,00 ,00,        | , or agree to pay come              |                          | ,                            |                           |                                |
| ■ No                |                                     |                          |                              |                           |                                |
| □ Vec N             | lame of person                      |                          |                              | Attach Bankrunte          | ry Petition Preparer's Notice, |
| 1C3. IV             |                                     |                          |                              |                           | Signature (Official Form 119)  |
|                     |                                     |                          |                              |                           |                                |
| Under nenal         | ty of periury I declare             | that I have read the sum | mary and schedules filed w   | with this declaration and |                                |
|                     | true and correct.                   | inat i nave read the sum | mary and schedules med w     | in this declaration and   |                                |
| V 1:17              |                                     |                          | v                            |                           |                                |
|                     | mas J. Johnson, III                 |                          | X<br>Signature of D          | ehtor 2                   |                                |
|                     | is J. Johnson, III<br>e of Debtor 1 |                          | Signature of D               | EDIOI Z                   |                                |
| 33                  |                                     |                          |                              |                           |                                |

Date \_\_\_\_

Date March 28, 2019

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| Fill in this i                     | nformation to identify your case:             |   |   |
|------------------------------------|---|---|---|
|                                    | Thomas J. Johnson, III First Name Middle Name | Last Name   |   |
| Debtor 2                           | riist name - Middle name                      | Last Name   |   |
| _                                  | First Name Middle Name                        | Last Name   |   |
| United States Bankro               | uptcy Court for the: EASTERN DIST             | RICT OF VIRGINIA, ALEXANDRIA DIVISION   |   |
| Case number                        |   |   |   |
| (if known)                         |   |   | Check if this is an amended filing                  |
|                                    |   |   | amended ming  |
| Official Form                      | 100   |   |   |
|                                    |   | erialmate Character Obsert  | <b>7</b>  |
| Statement                          | of intention for indi                         | viduals Filing Under Chapte   | <b>er /</b> 12/15                                   |
| If you are an individ              | ual filing under chapter 7, you must fi       | Il out this form if:  |   |
|                                    | aims secured by your property, or             |   |   |
|                                    | personal property and the lease has r         |   |   |
|                                    |   | you file your bankruptcy petition or by the date set for time for cause. You must also send copies to the c |   |
| If two married peopl               |   | oth are equally responsible for supplying correct info  | rmation. Both debtors must sign                     |
| Be as complete and                 | accurate as possible. If more space is        | s needed, attach a separate sheet to this form. On the  | top of any additional pages.                        |
|                                    | name and case number (if known).              |   | Top or any manner pages,                            |
| Part 1: List Your                  | Creditors Who Have Secured Claims             |   |   |
|                                    |   | Or Craditors Who Have Claims Secured by Branerty  | Official Form 106D) fill in the                     |
| information below                  | •   | D: Creditors Who Have Claims Secured by Property (  | omciai Form 106D), fill in the                      |
| Identify the credit                | or and the property that is collateral        | What do you intend to do with the property that secures a debt?   | Did you claim the property as exempt on Schedule C? |
|                                    |   |   |   |
| Creditor's Brid                    | gecrest                                       | ■ Surrender the property.   | ■ No  |
| name:                              | 3   | Retain the property and redeem it.  | <b>–</b> NO   |
|                                    |   | Retain the property and enter into a Reaffirmation  | ☐ Yes   |
| •                                  | 2011 Lexus CT 200h                            | Agreement.  |   |
| property<br>securing debt:         |   | ☐ Retain the property and [explain]:  |   |
|                                    |   |   | _   |
|                                    | Unexpired Personal Property Leases            | I in Schedule G: Executory Contracts and Unexpired  | Leases (Official Form 106G) fill in                 |
| the information belo               | w. Do not list real estate leases. Unex       | pired leases are leases that are still in effect; the leas  |   |
| may assume an une                  | xpired personal property lease if the t       | trustee does not assume it. 11 U.S.C. § 365(p)(2).  |   |
| Describe your unex                 | pired personal property leases                |   | Will the lease be assumed?                          |
| Lessor's name:                     | Huntington Cotower                            |   | <b>-</b>  |
| LESSUIS HAITIE:                    | Huntington Gateway                            |   | ■ No  |
|                                    |   |   | ☐ Yes   |
| Description of language            | Decidential Large                             |   |   |
| Description of leased<br>Property: | Residential Lease<br>5982 Richmond Hwy        |   |   |
|                                    | Alexandria, VA 22303-1800                     |   |   |

Official Form 108

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| DCL | otor 1 Johnson, Thomas J. III  | Case number (if known)  |
|-----|--|---|
| Par | t 3: Sign Below  |   |
|     | er penalty of perjury, I declare that I have indic<br>perty that is subject to an unexpired lease. | cated my intention about any property of my estate that secures a debt and any personal |
|     |  |   |
| X   | /s/ Thomas J. Johnson, III   | X   |
| X   | /s/ Thomas J. Johnson, III Thomas J. Johnson, III  | Signature of Debtor 2   |
| X   | · · · · · · · · · · · · · · · · · · ·  | X Signature of Debtor 2   |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.  $_{B201B\;(Form\ 2018)}\textbf{19}_{1}\textbf{19}_{7}\textbf{1}\textbf{9}$ 

Case No. (if known)

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#### Eastern District of Virginia, Alexandria Division

| IN RE:   | Case No   |                         |
|--|---|-------------------------|
| Johnson, Thomas J. III   | Chapter 7   |                         |
| Debtor(s)  |   |                         |
|  | OF NOTICE TO CONSUMER DEBTOR(S)<br>(2(b) OF THE BANKRUPTCY CODE                   |                         |
| Certificate of [No   | on-Attorney] Bankruptcy Petition Preparer   |                         |
| I, the [non-attorney] bankruptcy petition preparer signotice, as required by § 342(b) of the Bankruptcy Co | ning the debtor's petition, hereby certify that I delivered to ode.               | the debtor the attached |
| Printed Name and title, if any, of Bankruptcy Petitio Address:   | petition preparer is the Social Security principal, responsib the bankruptcy peti |                         |
| X  | (Required by 11 U.  | S.C. § 110.)            |
| Signature of Bankruptcy Petition Preparer of officer partner whose Social Security number is provided at   |   |                         |
|  | Certificate of the Debtor   |                         |
| I (We), the debtor(s), affirm that I (we) have receive   | d and read the attached notice, as required by § 342(b) of the                    | he Bankruptcy Code.     |
| Johnson, Thomas J. III   | X /s/ Thomas J. Johnson, III  | 3/28/2019               |
| Printed Name(s) of Debtor(s)   | Signature of Debtor   | Date                    |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Signature of Joint Debtor (if any)

Date

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Ad Astra Rec 7330 W 33rd St N Ste 118 Wichita, KS 67205-9370

Blaze 5501 S Broadband Ln Sioux Falls, SD 57108-2253

Bridgecrest 7300 E Hampton Ave Mesa, AZ 85209-3324

Capital One PO Box 30281 Salt Lake City, UT 84130-0281

Capital One Bank NA PO Box 71083 Charlotte, NC 28272-1083

Comcast Cable Communications 1701 John F Kennedy Blvd Philadelphia, PA 19103-2838

Credit Coll PO Box 9134 Needham, MA 02494-9134 Erc 8014 Bayberry Rd Jacksonville, FL 32256-7412

Huntington Gateway 5982 Richmond Hwy Alexandria, VA 22303-1800

Kohls N56W17000 Ridgewood Dr Menomonee Falls, WI 53051-5660

LABCORP
PO Box 2240
Burlington, NC 27216-2240

Macys 9111 Duke Blvd Mason, OH 45040-8999

Patient First 5000 Cox Rd Ste 100 Glen Allen, VA 23060-9263

Plain Green Loans 93 Mack Rd Ste 600 Box Elder, MT 59521 Rec Mgm Sys PO Box 17305 Richmond, VA 23226-7305

Santander PO Box 961245 Ft Worth, TX 76161-0244

SpeedyCash.com 3527 N Ridge Rd Wichita, KS 67205-1212

US Dept Of Education 2401 International Ln Madison, WI 53704-3121

Wallmart PO Box 965024 Orlando, FL 32896-5024

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#### Eastern District of Virginia, Alexandria Division

| IN RE:   | Case No.   |
|--|--|
| Johnson, Thomas J. III                                   | Chapter 7  |
| D  | bebtor(s)  |
| CC   | OVER SHEET FOR LIST OF CREDITORS   |
|  | y that the master mailing list of creditors submitted either on computer diskette or by with Request for Waiver attached, is a true, correct, and complete listing to the best   |
| the debtor and the debtor's attorney, (2                 | acy and completeness in preparing the creditor listing are the shared responsibility of the court will rely on the creditor listing for all mailings, and (3) that the various the Bankruptcy Rules are not used for mailing purposes. |
| Master mailing list of creditors submitte                | ed via:  |
| (a) <u> computer diskette listing a to</u>               | otal of19 creditors; or  |
| (b) scannable hard copy, with Rollisting a total of cred | equest for Waiver attached, consisting of pages ditors   |
| <u>/s</u>  | Debtor   |
| _  | Joint Debtor   |

[Check if applicable] \_\_\_\_ Creditor(s) with foreign addresses included on disk/hard copy.

Date: March 28, 2019

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#### United States Bankruptcy Court Eastern District of Virginia, Alexandria Division

| Eastern District of Virginia, A | Alexandria Division |
|---------------------------------|---------------------|
|                                 |                     |

| I  | NRE:   | Case No  |      |
|----|--|--|------|
| Jc | ohnson, Thomas J. III  | Chapter 7  |      |
|    | Debtor(s)  | •  |      |
|    | DISCLOSURE OF COMPENSATION   | OF ATTORNEY FOR DEBTOR   |      |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I ce compensation paid to me, for services rendered or to be rendered or with the bankruptcy case is as follows: |  | that |
|    | For legal services, I have agreed to accept  | \$ <u>899.</u>   | .00  |
|    | Prior to the filing of this statement I have received  | \$ <u>899.</u>   | .00  |
|    | Balance Due  | \$   | .00  |
| 2. | The source of the compensation paid to me was:   |  |      |
|    | Debtor Other (specify):  |  |      |
| 3. | The source of compensation to be paid to me is:  |  |      |
|    | ☐ Debtor ☐ Other (specify):  |  |      |
| 4. | ✓ I have not agreed to share the above-disclosed compensation wi law firm.   | h any other person unless they are members and associates of i | my   |
|    | ☐ I have agreed to share the above-disclosed compensation with a firm. A copy of the agreement, together with a list of the names of   |  | aw   |
| 5. | In return for the above-disclosed fee, I have agreed to render legal   | service for all aspects of the bankruptcy case, including:     |      |
|    | a. Analysis of the debtor's financial situation, and rendering advice bankruptcy;  | e to the debtor in determining whether to file a petition in   |      |
|    | b. Preparation and filing of any petition, schedules, statement of a   | affairs and plan which may be required;                        |      |

- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. Other provisions as needed:

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6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

adversarial proceedings, rule 2004 motions, credit counseling courses, depositions, contested matters

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 28, 2019
Date

/s/ Christopher Gardner
Signature of Attorney

Sandground, West, Silek & Raminpour, PLC

Name of Law Firm